ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

OHIO

Part 1

ADENA to DANVILLE

87/88

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

RA997
.M43
1988
Ohio
Pt. 1

MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

OHIO

Part 1
ADENA TO DANVILLE

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

William L. Roper, M.D.
Administrator
Health Care Financing Administration

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

Table of Contents

Page

Introduction I

Uses and Limitations II

Description of the Survey and Certification Process IV

Sources of Information V

Further Considerations XVII

Glossary of Terms XX

How to Read the Information XXII

Nursing Home Profiles 1

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, ''Further Considerations.'' This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

246 N. High Street
Post Office Box 118
Columbus, Ohio 43266-0118

Telephone (614) 466-3543

RICHARD F. CELESTE
Governor

Overview of Ohio's Nursing Home Licensure Program

The Ohio Department of Health is responsible for the inspection of "homes" and the enforcement of licensure regulations for all nursing homes licensed in Ohio. (In addition, the Ohio Department of Health under contract with the Federal Government, surveys nursing homes that participate in the Medicare and Medicaid programs to ensure that these nursing homes are in compliance with federal regulations.)

The laws of the State of Ohio require that all "homes" providing nursing care to three or more individuals be licensed by the State Department of Health as a nursing home. After the home is licensed, it may also, participate in the Medicare/Medicaid reimbursement programs, or it may operate as a private pay facility. The purpose of the licensure program is to assure that quality health care services are available to all of Ohio's nursing home residents. This goal is achieved by the enforcement of standards for operation, through annual inspections to determine compliance.

Ohio's licensing program is administered by the State Health Department's Bureau of Medical Services, Division of Licensure and Certification, Quality Control Program, and consists of a licensure administrator, licensing specialist and investigator of unlicensed homes. The annual inspections are conducting by the Survey Operations Program of the Division of Licensing and Certification, which has teams of surveyors located in five district offices.

Overview of Enforcement Structure

Revocation of a nursing home's license is authorized by section 3721.03 of the Ohio Revised Code for violation of the statutes or rules establishing licensure standards. Section 3721.07 of the Revised Code contains similar provisions for denial of license applications. The Ohio Department of Health must provide an evidentiary hearing, under the state's administrative procedures act, before taking these license actions. Section 3721.08 of the Revised Code authorizes the Director of Health to file a complaint for an injunction against a nursing home that is operating without a license or that presents a real and present danger to the health or safety of any occupants of the home. Section 3721.99 of the Revised Code provides for fines with maximum amounts of one hundred and five hundred dollars for violation the licensing statutes.

In addition, state law contains provisions relating to enforcement of patients' rights (administrative fines and a private right of action) and sanctions for medicaid fraud and abuse and for violation of other aspects of the medicaid reimbursement system and the certificate of need statutes. Other state statutes establish criminal penalties for abuse or neglect of nursing home residents.

Resources Available to Consumers

The Ohio Department of Health

Full copies of the Licensure inspection reports are available for public inspection at the Ohio Department of Health and are also, required to be available for inspection at the facility. Medicare and Medicaid certification reports are on file at Social Security Offices and at the County Department of Human Services as well as the Ohio Department of Health, complaints concerning the operation of a licensed home as well as those that may operate without a required license may be made by telephone or by letter to the Central Office in Columbus. Most other matters also, should be directed to the Central Office unless it has to do with specific survey issues.

Main Address: Ohio Department of Health
Bureau of Medical Services
246 North High Street
Columbus, Ohio 43266-0588

Telephone: (614)466-2070 General
(614)644-8562 Office of Public Relations

District Offices: Northeast - Akron, Ohio
(216)379-1300

Northwest - Bowling Green, Ohio
(419)352-6591

Southeast - Logan, Ohio
(614)385-6851

Southwest - Dayton, Ohio
(513)449-6250

Central - Columbus, Ohio
(614)466-5357

The Ohio Department of Human Services

Responsible for the administration and for reimbursement under the Medicaid program. In addition, Ohio Department of Human Services investigates complaints of discrimination against Medicaid beneficiaries seeking admission to Ohio nursing homes and investigates misuse of the Personal Needs Allowance received by residents who are Medicaid beneficiaries.

Main Address: Ohio Department of Human Services
Division of Long Term Care
30 East Broad Street
Columbus, Ohio 43266-0423

Telephone: Division Chief (614)466-9243

Policy Unit (614)466-9243

Bureau of Developmental
Disabled Services (614)466-6694

Bureau of Community Services
(614)466-6742

Bureau of Audits and Reimbursements
(614)466-8460

Bureau of Resident Services
(614)466-8618

The Ohio Department of Aging

Administers the Office of the State Long Term Care Facilities Ombudsman. This Office, through its twelve regional ombudsmen programs responds to complaints filed on behalf of the residents of nursing homes. The Office maintains a toll-free hotline for receipt of complaints. The goal of the Office is to resolve complaints through negotiation and mediation with nursing homes. Ohio Department of Aging also, is responsible for the investigation of violations of the Ohio Nursing Home Residents' Bill of Rights. Ohio Department of Aging maintains in investigative unit apart from the Ombudsman program that can bring formal charges against nursing homes that violate the rights of residents. These charges can lead to compliance orders and/or fines against a nursing home found to be in violation.

Main Address: Ohio Department of Aging
Long Term Care Facilities Ombudsman
Ninth Floor
50 West Broad Street
Columbus, Ohio 43266-0501

Telephone: (614)466-1220
TDD: (614)466-6191
Toll Free: (800)282-1206

The Board of Examiners of Nursing Home Administrators

Licenses Administrators of Long Term Care Facilities.

Address:
Board of Examiners
Nursing Home Administrators
P.O. Box 118
131 North High Street
Columbus, Ohio 43266-0118

Telephone: (614)466-5114

The Ohio Attorney General

Responsible for the investigation of Medicaid fraud. In addition, this unit also conducts investigations of resident neglect or abuse that can lead to the filing of criminal charges. The Attorney General's office maintains a toll-free number for the receipt of these complaints (1-800-64-ABUSE). Please see the attached information provided by the Attorney General.

Attorney General
Anthony J. Celebrezze, Jr.

The Division of Medicaid Fraud Control (DMFC) within the office of Attorney General Anthony J. Celebrezze, Jr., has two (2) important functions in relation to the enforcement efforts of the State of Ohio with respect to nursing homes. The first of these functions is that of investigating and prosecuting health care providers who defraud the Medicaid program. The second function is to conduct investigations and prosecutions arising from allegations of patient abuse and neglect in any of Ohio's care facilities. These functions are performed out of the offices of the DMFC, located at 65 S. Front St., Suite 406, Columbus, Ohio 43266.

In order to fulfill its responsibilities with respect to Medicaid fraud, the DMFC has employed eighteen (18) Special Agents and eight (8) attorneys. These persons are assigned to investigate and prosecute the various allegations of Medicaid fraud received by the Division from all over the State of Ohio. These investigations are conducted in conjunction with a Special Grand Jury impanelled by the Court of Common Pleas of Franklin County, Ohio. That grand jury has the authority to issue subpoenas requiring the attendance of witnesses and the production of documents relevant to Medicaid fraud investigations. Moreover, that grand jury has the power to issue indictments charging individuals or organizational entities with crimes against the Medicaid program. Indictments returned by the Special Grand Jury most frequently charge the crimes of Theft, Forgery and Medicaid Fraud.

With respect to investigations of patient abuse and neglect, the DMFC currently has a staff of six (6) Special Agents and two (2) attorneys. These persons are responsible for investigating and preparing for prosecution, when appropriate, all allegations of abuse and neglect of which the division becomes aware. This authority was recently conferred on the Office of the Attorney General through Revised Code Section 109.86. That code section was enacted as part of Amended H.B. 566, which became effective in Ohio on September 17, 1986. In addition to empowering the Attorney General's Office to investigate and prosecute instances of abuse and neglect, that bill also created four (4) new criminal offenses dealing with the abuse of patients or residents of Ohio's care facilities. These new offenses are found in Revised Code Section 2903.34. That code section proscribes the following offenses:

1. Gross Abuse - knowingly causing serious physical harm to a person by physical contact;
2. Abuse - knowingly causing physical harm or recklessly causing serious physical harm to a person by physical contact or by the inappropriate use of a physical or chemical restraint, medication or isolation;
3. Gross Neglect - knowingly failing to provide a person with any treatment, care, goods or service necessary to maintain the health or safety of a person when the failure results in physical harm or serious physical harm; and
4. Neglect - recklessly failing to provide a person with any treatment, care, goods or service necessary to maintain the health or safety of a person when the failure results in serious physical harm to the person.

Instances of abuse and neglect may be reported to the Office of the Attorney General through a toll-free hot-line operated on a twenty-four hour basis. The number for that hot-line is 1-800-64-ABUSE.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region VIII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore.**

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self-explanatory
Street Address:	Self-explanatory
City and State:	Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

> Skilled Nursing Facility (SNF)—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.
>
> Intermediate Care Facility (ICF)—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

> Non-profit-religious—A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.
>
> Non-profit-private—A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.
>
> Non-profit-other—A nursing home which is generally governed by a community based board of directors and financed largely by contributions.
>
> Proprietary—A nursing home operated for profit.
>
> Government—A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The ''Selected Resident Characteristics'' section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, ''Bathing.'' Following is an explanation of information provided in the profile:

Column 1—Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2—Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3—State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4—Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1—Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2—State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3—State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4—Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5—Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
MCGRAW NURSING HOME

Street Address:	**City and State:**
ROUTE 250	ADENA OH 43901

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	43	NON-PROFIT PRIVATE	02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
41	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	75.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	34	82.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	29	70.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	73.2	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	53.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	12	29.3	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	29.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	13	31.7	37.3	39.1
Residents requiring restraints.	12	29.3	36.1	31.7
Confused or disoriented residents.	11	26.8	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REYNOLDS NURSING HOME

Street Address: BOX 51 R D 1	**City and State:** ADENA OH 43901

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	79.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	34	77.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	28	63.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	59.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	63.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	43.2	33.9	29.3
Completely bedfast residents.	2	4.5	1.6	3.6
Residents confined to chairs.	14	31.8	37.3	39.1
Residents requiring restraints.	17	38.6	36.1	31.7
Confused or disoriented residents.	24	54.5	60.6	55.8
Residents with bed sores.	1	2.3	5.3	4.7
Residents receiving special skin care.	8	18.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDWIN SHAW HOSP-ECF

Street Address: 1621 FLICKINGER RD	**City and State:** AKRON OH 44312

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 166	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	**Medicare Residents:** 5	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	3.2	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	30	96.8	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	30	96.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	96.8	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	93.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	87.1	43.0	37.7
Completely bedfast residents.	7	22.6	3.4	3.4
Residents confined to chairs.	24	77.4	49.1	50.8
Residents requiring restraints.	4	12.9	43.2	41.3
Confused or disoriented residents.	20	64.5	59.0	58.4
Residents with bed sores.	13	41.9	7.6	7.1
Residents receiving special skin care.	31	100	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELIZABETH CENTER

Street Address:	**City and State:**
1211 W MARKET ST	AKRON OH 44313

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	117	PROPRIETARY	09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
16	2	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	93.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	15	93.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	16	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	100	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	6.3	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	62.5	43.0	37.7
Completely bedfast residents.	2	12.5	3.4	3.4
Residents confined to chairs.	7	43.8	49.1	50.8
Residents requiring restraints.	4	25.0	43.2	41.3
Confused or disoriented residents.	6	37.5	59.0	58.4
Residents with bed sores.	4	25.0	7.6	7.1
Residents receiving special skin care.	13	81.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELLET MANOR NURSING HOME

Street Address: 2755 ELLET	**City and State:** AKRON OH 44312

Participation: MEDICAID ICF	**# of Beds:** 16	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 13	**Medicare Residents:** 0	**Medicaid Residents:** 10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	92.3	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	12	92.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	6	46.2	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	92.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	61.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	15.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	4	30.8	37.3	39.1
Residents requiring restraints.	1	7.7	36.1	31.7
Confused or disoriented residents.	9	69.2	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	4	30.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRLAWN HEIGHTS NURSING CENTER

Street Address: 200 WYANT RD		**City and State:** AKRON OH 44313	
Participation: MEDICAID ICF	**# of Beds:** 200	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
157	0	136

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	124	79.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	142	90.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	98	62.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	89.8	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	61.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	2	1.3	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	43	27.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	84	53.5	37.3	39.1
Residents requiring restraints.	85	54.1	36.1	31.7
Confused or disoriented residents.	115	73.2	60.6	55.8
Residents with bed sores.	19	12.1	5.3	4.7
Residents receiving special skin care.	32	20.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN CONV CTR

Street Address: 145 OLIVE ST	**City and State:** AKRON OH 44310

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 174	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	**Medicare Residents:** 9	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	25	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	23	92.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	92.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	56.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	4.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	40.0	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	6	24.0	49.1	50.8
Residents requiring restraints.	10	40.0	43.2	41.3
Confused or disoriented residents.	5	20.0	59.0	58.4
Residents with bed sores.	1	4.0	7.6	7.1
Residents receiving special skin care.	3	12.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LITTLE FOREST MEDICAL CENTER

Street Address: 797 EAST MARKET STREET		**City and State:** AKRON OH 44305	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 256	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 251	**Medicare Residents:** 4	**Medicaid Residents:** 206

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	202	80.5	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	221	88.0	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	200	79.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	251	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	204	81.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	12	4.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	136	54.2	43.0	37.7
Completely bedfast residents.	3	1.2	3.4	3.4
Residents confined to chairs.	165	65.7	49.1	50.8
Residents requiring restraints.	170	67.7	43.2	41.3
Confused or disoriented residents.	156	62.2	59.0	58.4
Residents with bed sores.	31	12.4	7.6	7.1
Residents receiving special skin care.	73	29.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LORANTFFY CARE CENTER

Street Address: 2631 COPLEY ROADD	**City and State:** AKRON OH 44321

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	83.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	73	81.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	66	73.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	65.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	73.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	27.8	43.0	37.7
Completely bedfast residents.	1	1.1	3.4	3.4
Residents confined to chairs.	42	46.7	49.1	50.8
Residents requiring restraints.	35	38.9	43.2	41.3
Confused or disoriented residents.	56	62.2	59.0	58.4
Residents with bed sores.	4	4.4	7.6	7.1
Residents receiving special skin care.	28	31.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MIDDLEBURY MANOR INC

Street Address: 974 EAST MARKET STREET		**City and State:** AKRON OH 44305	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
143	0	119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	70.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	117	81.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	110	76.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	70.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	81.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	30.8	43.0	37.7
Completely bedfast residents.	1	0.7	3.4	3.4
Residents confined to chairs.	67	46.9	49.1	50.8
Residents requiring restraints.	67	46.9	43.2	41.3
Confused or disoriented residents.	92	64.3	59.0	58.4
Residents with bed sores.	8	5.6	7.6	7.1
Residents receiving special skin care.	34	23.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIDGEWOOD PLACE

Street Address: 3558 RIDGEWOOD RD	**City and State:** AKRON OH 44313

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	89.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	27	93.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	26	89.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	79.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	89.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	6	20.7	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	51.7	43.0	37.7
Completely bedfast residents.	3	10.3	3.4	3.4
Residents confined to chairs.	18	62.1	49.1	50.8
Residents requiring restraints.	14	48.3	43.2	41.3
Confused or disoriented residents.	18	62.1	59.0	58.4
Residents with bed sores.	6	20.7	7.6	7.1
Residents receiving special skin care.	8	27.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROCKYNOL PRESBYTERIAN HOME

Street Address: 1150 W MARKET ST

City and State: AKRON OH 44313

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 106

Type of Ownership: NON-PROFIT OTHER

Survey Date: 04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64

Medicare Residents: 0

Medicaid Residents: 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	82.8	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	89.1	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	82.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	78.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	35.9	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	21	32.8	49.1	50.8
Residents requiring restraints.	36	56.3	43.2	41.3
Confused or disoriented residents.	43	67.2	59.0	58.4
Residents with bed sores.	1	1.6	7.6	7.1
Residents receiving special skin care.	33	51.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST EDWARD HOME

Street Address: 3131 SMITH ROAD		**City and State:** AKRON OH 44313	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	94.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	90	90.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	76	76.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	73.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	36	36.4	33.9	29.3
Completely bedfast residents.	3	3.0	1.6	3.6
Residents confined to chairs.	66	66.7	37.3	39.1
Residents requiring restraints.	59	59.6	36.1	31.7
Confused or disoriented residents.	61	61.6	60.6	55.8
Residents with bed sores.	5	5.1	5.3	4.7
Residents receiving special skin care.	7	7.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY VIEW NH

Street Address: 721 HICKORY ST		**City and State:** AKRON OH 44303	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 234	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
216	0	158

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	149	69.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	179	82.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	150	69.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	154	71.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	155	71.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	29	13.4	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	101	46.8	43.0	37.7
Completely bedfast residents.	6	2.8	3.4	3.4
Residents confined to chairs.	103	47.7	49.1	50.8
Residents requiring restraints.	98	45.4	43.2	41.3
Confused or disoriented residents.	120	55.6	59.0	58.4
Residents with bed sores.	25	11.6	7.6	7.1
Residents receiving special skin care.	17	7.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINDSONG AT CHANBREL

Street Address: 120 BROOKMONT RD	**City and State:** AKRON OH 44313

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	16	94.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	13	76.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	88.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	58.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	17.6	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	4	23.5	49.1	50.8
Residents requiring restraints.	4	23.5	43.2	41.3
Confused or disoriented residents.	7	41.2	59.0	58.4
Residents with bed sores.	1	5.9	7.6	7.1
Residents receiving special skin care.	1	5.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RUSSELL NURSING HOME

Street Address: 101 WASHINGTON ST	**City and State:** ALBANY OH 45710

Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	**Medicare Residents:** 0	**Medicaid Residents:** 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	76.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	21	84.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	19	76.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	76.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	44.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	8	32.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	36.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	10	40.0	37.3	39.1
Residents requiring restraints.	11	44.0	36.1	31.7
Confused or disoriented residents.	13	52.0	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALLIANCE NURSING HOME

Street Address: 11677 N ROCK HILL AVE		**City and State:** ALLIANCE OH 44601	
Participation: MEDICAID ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
28	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	75.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	21	75.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	19	67.9	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	57.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	42.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	4	14.3	37.3	39.1
Residents requiring restraints.	15	53.6	36.1	31.7
Confused or disoriented residents.	26	92.9	60.6	55.8
Residents with bed sores.	1	3.6	5.3	4.7
Residents receiving special skin care.	12	42.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICARE NRSG & REHAB CTR OF ALLIANCE

Street Address: 2040 MCCREA STREET		**City and State:** ALLIANCE OH 44601	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	87.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	64	86.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	58	78.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	81.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	82.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	38	51.4	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	29.7	43.0	37.7
Completely bedfast residents.	1	1.4	3.4	3.4
Residents confined to chairs.	41	55.4	49.1	50.8
Residents requiring restraints.	23	31.1	43.2	41.3
Confused or disoriented residents.	39	52.7	59.0	58.4
Residents with bed sores.	4	5.4	7.6	7.1
Residents receiving special skin care.	8	10.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEL AIR CONV CENTER

Street Address: 2350 SOUTH CHERRY STREET	**City and State:** ALLIANCE OH 44601

Participation: MEDICAID ICF	**# of Beds:** 54	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	88.4	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	35	81.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	69.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	76.7	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	76.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	20.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	9	20.9	37.3	39.1
Residents requiring restraints.	17	39.5	36.1	31.7
Confused or disoriented residents.	27	62.8	60.6	55.8
Residents with bed sores.	5	11.6	5.3	4.7
Residents receiving special skin care.	9	20.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLOSSOM NURSING CENTER

Street Address: 11750 KLINGER AVENUE	**City and State:** ALLIANCE OH 44601

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	**Medicare Residents:** 2	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	66.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	15	62.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	17	70.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	79.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	75.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	33.3	43.0	37.7
Completely bedfast residents.	7	29.2	3.4	3.4
Residents confined to chairs.	9	37.5	49.1	50.8
Residents requiring restraints.	10	41.7	43.2	41.3
Confused or disoriented residents.	9	37.5	59.0	58.4
Residents with bed sores.	3	12.5	7.6	7.1
Residents receiving special skin care.	10	41.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANTERBURY VILLA OF ALLIANCE

Street Address: 1785 FRESHLY AVENUE	**City and State:** ALLIANCE OH 44601

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 3	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	61.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	71	82.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	62	72.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	89.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	72.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	6	7.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	31.4	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	50	58.1	49.1	50.8
Residents requiring restraints.	46	53.5	43.2	41.3
Confused or disoriented residents.	50	58.1	59.0	58.4
Residents with bed sores.	16	18.6	7.6	7.1
Residents receiving special skin care.	14	16.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEALTH CENTER

Street Address: 145 E COLLEGE ST	**City and State:** ALLIANCE OH 44601

Participation: MEDICAID ICF	**# of Beds:** 78	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	67.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	30	88.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	24	70.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	76.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	70.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	23.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	15	44.1	37.3	39.1
Residents requiring restraints.	8	23.5	36.1	31.7
Confused or disoriented residents.	12	35.3	60.6	55.8
Residents with bed sores.	1	2.9	5.3	4.7
Residents receiving special skin care.	1	2.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROKER NURSING HOME

Street Address: 9315 FRESHLEY ROAD	**City and State:** ALLIANCE OH 44601

Participation: MEDICAID ICF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 0	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	65.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	65	94.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	54	78.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	82.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	73.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	4	5.8	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	29.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	6	8.7	37.3	39.1
Residents requiring restraints.	17	24.6	36.1	31.7
Confused or disoriented residents.	66	95.7	60.6	55.8
Residents with bed sores.	7	10.1	5.3	4.7
Residents receiving special skin care.	20	29.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUN VALLEY NURSING HOME

Street Address: 1850 ELECTRIC BLVD		**City and State:** ALLIANCE OH 44601	
Participation: MEDICAID ICF	**# of Beds:** 37	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	24.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	16	48.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	13	39.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	39.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	21.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	18.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	3	9.1	37.3	39.1
Residents requiring restraints.	4	12.1	36.1	31.7
Confused or disoriented residents.	30	90.9	60.6	55.8
Residents with bed sores.	1	3.0	5.3	4.7
Residents receiving special skin care.	1	3.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVERGREEN NORTH

Street Address: BOX 182	**City and State:** ALVORDTON OH 43501

Participation: MEDICAID ICF	**# of Beds:** 23	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 12	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	83.3	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	10	83.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	9	75.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	66.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	58.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	5	41.7	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	25.0	33.9	29.3
Completely bedfast residents.	1	8.3	1.6	3.6
Residents confined to chairs.	6	50.0	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	9	75.0	60.6	55.8
Residents with bed sores.	4	33.3	5.3	4.7
Residents receiving special skin care.	5	41.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNRISE MANOR NURSING AND CONV CTR

Street Address: STATE RTE 132	**City and State:** AMELIA OH 45102

Participation: MEDICAID ICF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathning Residents requiring some or total assistance in bathing.	37	74.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	35	70.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	30	60.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	90.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	54.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	17	34.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	40.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	8	16.0	37.3	39.1
Residents requiring restraints.	28	56.0	36.1	31.7
Confused or disoriented residents.	28	56.0	60.6	55.8
Residents with bed sores.	2	4.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMHERST MANOR

Street Address: 175 NORTH LAKE STREET	**City and State:** AMHERST OH 44001

Participation: MEDICAID ICF	**# of Beds:** 102	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	81.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	85	85.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	68	68.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	65.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	70.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	8	8.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	31	31.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	58	58.0	37.3	39.1
Residents requiring restraints.	45	45.0	36.1	31.7
Confused or disoriented residents.	69	69.0	60.6	55.8
Residents with bed sores.	6	6.0	5.3	4.7
Residents receiving special skin care.	19	19.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LORAIN COUNTY GOLDEN ACRES NURSING HM

Street Address: 2285 N RIDGE RD

City and State: AMHERST OH 44001

Participation: MEDICAID ICF

# of Beds: 111

Type of Ownership: LOCAL GOVERNMENT

Survey Date: 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59

Medicare Residents: 0

Medicaid Residents: 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	91.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	51	86.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	48	81.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	100	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	78.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	39.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	32	54.2	37.3	39.1
Residents requiring restraints.	34	57.6	36.1	31.7
Confused or disoriented residents.	49	83.1	60.6	55.8
Residents with bed sores.	1	1.7	5.3	4.7
Residents receiving special skin care.	6	10.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLER MEMORIAL NH

Street Address: 486 S MAIN ST	**City and State:** ANDOVER OH 44003

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 200	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 131	**Medicare Residents:** 3	**Medicaid Residents:** 94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	77.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	103	78.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	96	73.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	90.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	61.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	4	3.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	36.6	43.0	37.7
Completely bedfast residents.	9	6.9	3.4	3.4
Residents confined to chairs.	63	48.1	49.1	50.8
Residents requiring restraints.	68	51.9	43.2	41.3
Confused or disoriented residents.	77	58.8	59.0	58.4
Residents with bed sores.	14	10.7	7.6	7.1
Residents receiving special skin care.	71	54.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRLAWN HAVEN

Street Address: 407 EAST LUTZ RD	**City and State:** ARCHBOLD OH 43502

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	76.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	79	79.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	70	70.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	72.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	62.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	4	4.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	33	33.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	51	51.5	37.3	39.1
Residents requiring restraints.	24	24.2	36.1	31.7
Confused or disoriented residents.	26	26.3	60.6	55.8
Residents with bed sores.	1	1.0	5.3	4.7
Residents receiving special skin care.	11	11.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARLINGTON GOOD SAMARITAN

Street Address: BOX 200 RT 103		**City and State:** ARLINGTON OH 45814	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	55.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	33	67.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	53.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	55.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	53.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	4	8.2	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	18.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	9	18.4	37.3	39.1
Residents requiring restraints.	15	30.6	36.1	31.7
Confused or disoriented residents.	18	36.7	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASHLAND MANOR

Street Address: 20 AMBERWOOD PARKWAY	**City and State:** ASHLAND OH 44805

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 1	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	89.1	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	68	73.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	56	60.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	60.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	51.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	9	9.8	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	33.7	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	22	23.9	49.1	50.8
Residents requiring restraints.	32	34.8	43.2	41.3
Confused or disoriented residents.	48	52.2	59.0	58.4
Residents with bed sores.	1	1.1	7.6	7.1
Residents receiving special skin care.	23	25.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRETHREN CARE

Street Address: 2000 CENTER ST	**City and State:** ASHLAND OH 44805

Participation: MEDICAID ICF	**# of Beds:** 91	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
88	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	83.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	79	89.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	73	83.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	83.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	48	54.5	33.9	29.3
Completely bedfast residents.	2	2.3	1.6	3.6
Residents confined to chairs.	53	60.2	37.3	39.1
Residents requiring restraints.	55	62.5	36.1	31.7
Confused or disoriented residents.	75	85.2	60.6	55.8
Residents with bed sores.	4	4.5	5.3	4.7
Residents receiving special skin care.	7	8.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SHEPHERD HOME FOR THE AGED

Street Address: 622 S CENTER ST		**City and State:** ASHLAND OH 44805	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	79.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	104	84.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	94	76.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	56.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	115	93.5	43.0	37.7
Completely bedfast residents.	2	1.6	3.4	3.4
Residents confined to chairs.	32	26.0	49.1	50.8
Residents requiring restraints.	60	48.8	43.2	41.3
Confused or disoriented residents.	49	39.8	59.0	58.4
Residents with bed sores.	6	4.9	7.6	7.1
Residents receiving special skin care.	29	23.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRIFFETH NURSING HOME TWO

Street Address: 1251 WOOSTER RD	**City and State:** ASHLAND OH 44805

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	82.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	38	82.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	31	67.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	76.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	65.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	34.8	33.9	29.3
Completely bedfast residents.	1	2.2	1.6	3.6
Residents confined to chairs.	25	54.3	37.3	39.1
Residents requiring restraints.	13	28.3	36.1	31.7
Confused or disoriented residents.	39	84.8	60.6	55.8
Residents with bed sores.	2	4.3	5.3	4.7
Residents receiving special skin care.	11	23.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASHTABULA MEDICARE NURSING CENTER

Street Address: 2217 WEST AVENUE	**City and State:** ASHTABULA OH 44004

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 207	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 190	**Medicare Residents:** 0	**Medicaid Residents:** 156

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	179	94.2	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	170	89.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	136	71.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	146	76.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	53.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	65	34.2	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	31.6	43.0	37.7
Completely bedfast residents.	3	1.6	3.4	3.4
Residents confined to chairs.	129	67.9	49.1	50.8
Residents requiring restraints.	99	52.1	43.2	41.3
Confused or disoriented residents.	139	73.2	59.0	58.4
Residents with bed sores.	26	13.7	7.6	7.1
Residents receiving special skin care.	40	21.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY CLUB CENTER III

Street Address: 925 E 26TH STREET	**City and State:** ASHTABULA OH 44004

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 65	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 1	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	96.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	53	86.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	50	82.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	93.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	73.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	27.9	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	32	52.5	49.1	50.8
Residents requiring restraints.	33	54.1	43.2	41.3
Confused or disoriented residents.	35	57.4	59.0	58.4
Residents with bed sores.	1	1.6	7.6	7.1
Residents receiving special skin care.	14	23.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANNA MARIA OF AURORA

Street Address: 889 AURORA ROAD	**City and State:** AURORA OH 44202

Participation: MEDICARE SNF/ICF	**# of Beds:** 127	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 32	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	87.5	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	31	96.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	31	96.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	96.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	71.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	37.5	43.0	37.7
Completely bedfast residents.	1	3.1	3.4	3.4
Residents confined to chairs.	22	68.8	49.1	50.8
Residents requiring restraints.	16	50.0	43.2	41.3
Confused or disoriented residents.	21	65.6	59.0	58.4
Residents with bed sores.	4	12.5	7.6	7.1
Residents receiving special skin care.	4	12.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUSTIN WOODS NURSING CENTER

Street Address: 4780 KIRK ROAD	**City and State:** AUSTINTOWN OH 44515

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 230	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 221	**Medicare Residents:** 0	**Medicaid Residents:** 207

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	27.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	62	28.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	54	24.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	24.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	27.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	22	10.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	17.6	43.0	37.7
Completely bedfast residents.	10	4.5	3.4	3.4
Residents confined to chairs.	45	20.4	49.1	50.8
Residents requiring restraints.	50	22.6	43.2	41.3
Confused or disoriented residents.	68	30.8	59.0	58.4
Residents with bed sores.	13	5.9	7.6	7.1
Residents receiving special skin care.	16	7.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AVON OAKS NURSING HOME

Street Address: 37800 FRENCH CREEK RD		**City and State:** AVON OH 44011	
Participation: MEDICAID ICF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	89.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	86	86.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	79	79.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	92.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	75.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	52	52.0	33.9	29.3
Completely bedfast residents.	9	9.0	1.6	3.6
Residents confined to chairs.	25	25.0	37.3	39.1
Residents requiring restraints.	50	50.0	36.1	31.7
Confused or disoriented residents.	75	75.0	60.6	55.8
Residents with bed sores.	3	3.0	5.3	4.7
Residents receiving special skin care.	71	71.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SAMARITAN NURSING HOME

Street Address: 32900 DETROIT ROAD	**City and State:** AVON OH 44011

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 212	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	**Medicare Residents:** 2	**Medicaid Residents:** 17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	91.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	22	91.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	23	95.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	87.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	91.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	8.3	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	95.8	43.0	37.7
Completely bedfast residents.	7	29.2	3.4	3.4
Residents confined to chairs.	13	54.2	49.1	50.8
Residents requiring restraints.	15	62.5	43.2	41.3
Confused or disoriented residents.	17	70.8	59.0	58.4
Residents with bed sores.	3	12.5	7.6	7.1
Residents receiving special skin care.	8	33.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLE VIEW MANOR

Street Address: 430 S MAPLE AVE		**City and State:** BAINBRIDGE OH 45612	
Participation: MEDICAID ICF	**# of Beds:** 20	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
19	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	94.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	16	84.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	11	57.9	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	94.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	36.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	1	5.3	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	36.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	6	31.6	37.3	39.1
Residents requiring restraints.	6	31.6	36.1	31.7
Confused or disoriented residents.	7	36.8	60.6	55.8
Residents with bed sores.	1	5.3	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BALTIC COUNTRY MANOR

Street Address: 130 BUENA VISTA		**City and State:** BALTIC OH 43804	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
81	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	80.2	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	66	81.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	77	95.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	80.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	81.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	13	16.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	17.3	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	59	72.8	49.1	50.8
Residents requiring restraints.	24	29.6	43.2	41.3
Confused or disoriented residents.	27	33.3	59.0	58.4
Residents with bed sores.	9	11.1	7.6	7.1
Residents receiving special skin care.	11	13.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GAULDEN MANOR NURSING CENTER

Street Address: 225 HANSBERGER STREET	**City and State:** BALTIMORE OH 43105

Participation: MEDICAID ICF	**# of Beds:** 45	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	42	93.3	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	39	86.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	75.6	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	86.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	31.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	22	48.9	37.3	39.1
Residents requiring restraints.	24	53.3	36.1	31.7
Confused or disoriented residents.	34	75.6	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BARBERTON CITIZENS HOSPITAL SNF

Street Address: 155 FIFTH STREET	**City and State:** BARBERTON OH 44203

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 46	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 4	**Medicaid Residents:** 17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	81.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	41	93.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	36	81.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	68.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	4.5	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	40.9	43.0	37.7
Completely bedfast residents.	4	9.1	3.4	3.4
Residents confined to chairs.	24	54.5	49.1	50.8
Residents requiring restraints.	14	31.8	43.2	41.3
Confused or disoriented residents.	34	77.3	59.0	58.4
Residents with bed sores.	17	38.6	7.6	7.1
Residents receiving special skin care.	18	40.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOR CARE BARBERTON NURSING CENTER

Street Address: 85 3RD ST SE	**City and State:** BARBERTON OH 44203

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 0	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	78.2	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	96	95.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	78	77.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	70.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	38.6	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	81	80.2	49.1	50.8
Residents requiring restraints.	61	60.4	43.2	41.3
Confused or disoriented residents.	64	63.4	59.0	58.4
Residents with bed sores.	12	11.9	7.6	7.1
Residents receiving special skin care.	16	15.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT VIEW HEALTH CARE CENTER

Street Address: 401 SNYDER AVENUE	**City and State:** BARBERTON OH 44203

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	93.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	45	93.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	45	93.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	93.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	89.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	58.3	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	44	91.7	49.1	50.8
Residents requiring restraints.	42	87.5	43.2	41.3
Confused or disoriented residents.	44	91.7	59.0	58.4
Residents with bed sores.	3	6.3	7.6	7.1
Residents receiving special skin care.	14	29.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BARNESVILLE HEALTH CARE CTR

Street Address: 400 CARRIE AVE	**City and State:** BARNEVILLE OH 43713

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	96.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	90	92.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	77	79.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	68.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	60.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	45	46.4	33.9	29.3
Completely bedfast residents.	3	3.1	1.6	3.6
Residents confined to chairs.	21	21.6	37.3	39.1
Residents requiring restraints.	45	46.4	36.1	31.7
Confused or disoriented residents.	49	50.5	60.6	55.8
Residents with bed sores.	7	7.2	5.3	4.7
Residents receiving special skin care.	15	15.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BATAVIA NURSING CONVALESCENT INN

Street Address: 4000 GOLDEN AGE DRIVE	**City and State:** BATAVIA OH 45103

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 216	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 208	**Medicare Residents:** 1	**Medicaid Residents:** 174

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	168	80.8	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	176	84.6	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	158	76.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	158	76.0	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	150	72.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	8	3.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	101	48.6	43.0	37.7
Completely bedfast residents.	17	8.2	3.4	3.4
Residents confined to chairs.	69	33.2	49.1	50.8
Residents requiring restraints.	57	27.4	43.2	41.3
Confused or disoriented residents.	162	77.9	59.0	58.4
Residents with bed sores.	21	10.1	7.6	7.1
Residents receiving special skin care.	19	9.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BATAVIA NURSING HOME

Street Address: SOUTH FOURTH ST BOX 93	**City and State:** BATAVIA OH 45103

Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	**Medicare Residents:** 0	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	38.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	25	80.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	21	67.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	67.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	64.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	13	41.9	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	41.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	7	22.6	37.3	39.1
Residents requiring restraints.	11	35.5	36.1	31.7
Confused or disoriented residents.	24	77.4	60.6	55.8
Residents with bed sores.	1	3.2	5.3	4.7
Residents receiving special skin care.	7	22.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRADLEY ROAD NURSING HOME

Street Address: 605 BRADLEY ROAD	**City and State:** BAY VILLAGE OH 44140

Participation: MEDICARE SNF	**# of Beds:** 109	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	77.6	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	79.4	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	69.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	77.6	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	65.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	44.9	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	44	41.1	49.1	50.8
Residents requiring restraints.	62	57.9	43.2	41.3
Confused or disoriented residents.	61	57.0	59.0	58.4
Residents with bed sores.	7	6.5	7.6	7.1
Residents receiving special skin care.	0	0.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEACH HAVEN HEALTH CARE CTR

Street Address: 23900 CHAGRIN BLVD	**City and State:** BEACHWOOD OH 44122

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 210	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 197	**Medicare Residents:** 4	**Medicaid Residents:** 179

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	164	83.2	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	155	78.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	127	64.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	62.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	115	58.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	21.3	43.0	37.7
Completely bedfast residents.	2	1.0	3.4	3.4
Residents confined to chairs.	101	51.3	49.1	50.8
Residents requiring restraints.	86	43.7	43.2	41.3
Confused or disoriented residents.	122	61.9	59.0	58.4
Residents with bed sores.	14	7.1	7.6	7.1
Residents receiving special skin care.	18	9.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MENORAH PK JEWISH HOME FOR AGED

Street Address: 27100 CEDAR RD		**City and State:** BEACHWOOD OH 44122	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 352	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
318	2	188

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	314	98.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	160	50.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	207	65.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	235	73.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	221	69.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	100	31.4	43.0	37.7
Completely bedfast residents.	1	0.3	3.4	3.4
Residents confined to chairs.	159	50.0	49.1	50.8
Residents requiring restraints.	148	46.5	43.2	41.3
Confused or disoriented residents.	209	65.7	59.0	58.4
Residents with bed sores.	30	9.4	7.6	7.1
Residents receiving special skin care.	221	69.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINEVIEW MANOR

Street Address: 4136 GERMANY RD		**City and State:** BEAVER OH 45613	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	77.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	45	91.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	19	38.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	28.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	28.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	10.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	15	30.6	37.3	39.1
Residents requiring restraints.	12	24.5	36.1	31.7
Confused or disoriented residents.	49	100	60.6	55.8
Residents with bed sores.	2	4.1	5.3	4.7
Residents receiving special skin care.	7	14.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK PARK HEALTH CARE

Street Address: 24613 BROADWAY	**City and State:** BEDFORD OH 44146

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 133	**Medicare Residents:** 0	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	125	94.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	122	91.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	112	84.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	88.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	67.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	74	55.6	43.0	37.7
Completely bedfast residents.	8	6.0	3.4	3.4
Residents confined to chairs.	98	73.7	49.1	50.8
Residents requiring restraints.	84	63.2	43.2	41.3
Confused or disoriented residents.	96	72.2	59.0	58.4
Residents with bed sores.	6	4.5	7.6	7.1
Residents receiving special skin care.	71	53.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA SANCTA ANNA HOME FOR THE AGED

Street Address: 25000 CHAGRIN BLVD	**City and State:** BEECHWOOD OH 44122

Participation: MEDICAID ICF	**# of Beds:** 68	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	52	77.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	40	59.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	59.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	14.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	20	29.9	37.3	39.1
Residents requiring restraints.	20	29.9	36.1	31.7
Confused or disoriented residents.	54	80.6	60.6	55.8
Residents with bed sores.	2	3.0	5.3	4.7
Residents receiving special skin care.	16	23.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY CLUB RETIREMENT CTR IV

Street Address: 55801 CONNO-MARA DR	**City and State:** BELLAIRE OH 43906

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	76.3	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	78.0	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	66.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	71.2	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	64.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	11.9	43.0	37.7
Completely bedfast residents.	1	1.7	3.4	3.4
Residents confined to chairs.	21	35.6	49.1	50.8
Residents requiring restraints.	29	49.2	43.2	41.3
Confused or disoriented residents.	33	55.9	59.0	58.4
Residents with bed sores.	6	10.2	7.6	7.1
Residents receiving special skin care.	29	49.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARRIAGE BY THE LAKE NURSING CENTER

Street Address: 1957 N LAKEMAN DR	**City and State:** BELLBROOK OH 45305

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 1	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	97.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	69	92.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	64	85.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	82.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	80.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	7	9.3	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	50.7	43.0	37.7
Completely bedfast residents.	3	4.0	3.4	3.4
Residents confined to chairs.	20	26.7	49.1	50.8
Residents requiring restraints.	40	53.3	43.2	41.3
Confused or disoriented residents.	40	53.3	59.0	58.4
Residents with bed sores.	1	1.3	7.6	7.1
Residents receiving special skin care.	2	2.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF BELLEFONTAINE

Street Address: 221 NORTH SCHOOL STREET	**City and State:** BELLEFONTAINE OH 43311

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	78.1	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	67	91.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	58	79.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	83.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	65.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	11	15.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	37.0	43.0	37.7
Completely bedfast residents.	1	1.4	3.4	3.4
Residents confined to chairs.	51	69.9	49.1	50.8
Residents requiring restraints.	41	56.2	43.2	41.3
Confused or disoriented residents.	53	72.6	59.0	58.4
Residents with bed sores.	2	2.7	7.6	7.1
Residents receiving special skin care.	39	53.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOGAN ACRES

Street Address: COUNTY ROAD 91		**City and State:** BELLEFONTAINE OH 43311	
Participation: MEDICAID ICF	**# of Beds:** 95	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	87.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	90	96.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	51	54.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	52.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	58.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	8	8.6	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	19.4	33.9	29.3
Completely bedfast residents.	1	1.1	1.6	3.6
Residents confined to chairs.	39	41.9	37.3	39.1
Residents requiring restraints.	29	31.2	36.1	31.7
Confused or disoriented residents.	64	68.8	60.6	55.8
Residents with bed sores.	2	2.2	5.3	4.7
Residents receiving special skin care.	19	20.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELLEVUE CARE CENTER

Street Address: 1 AUDRICH SQUARE GARDNER ROAD	**City and State:** BELLEVUE OH 44811

Participation: MEDICAID ICF	**# of Beds:** 44	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 2	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	2	100	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	100	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	0	0.0	37.3	39.1
Residents requiring restraints.	1	50.0	36.1	31.7
Confused or disoriented residents.	1	50.0	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OVERLOOK NH

Street Address: RT 2 ALGIRE RD	**City and State:** BELLVILLE OH 44813

Participation: MEDICAID ICF	**# of Beds:** 27	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20	**Medicare Residents:** 0	**Medicaid Residents:** 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	14	70.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	12	60.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	9	45.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	85.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	60.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	2	10.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	75.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	1	5.0	37.3	39.1
Residents requiring restraints.	6	30.0	36.1	31.7
Confused or disoriented residents.	15	75.0	60.6	55.8
Residents with bed sores.	3	15.0	5.3	4.7
Residents receiving special skin care.	7	35.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELL NURSING HOME

Street Address: 42350 NATIONAL RD	**City and State:** BELMONT OH 43718

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	96.1	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	47	92.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	47	92.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	82.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	82.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	51.0	43.0	37.7
Completely bedfast residents.	4	7.8	3.4	3.4
Residents confined to chairs.	21	41.2	49.1	50.8
Residents requiring restraints.	17	33.3	43.2	41.3
Confused or disoriented residents.	24	47.1	59.0	58.4
Residents with bed sores.	5	9.8	7.6	7.1
Residents receiving special skin care.	2	3.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARISTOCRAT BEREA

Street Address: 255 FRONT STREET	**City and State:** BEREA OH 44017

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 145	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 8	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	92.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	26	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	26	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	96.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	84.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	57.7	43.0	37.7
Completely bedfast residents.	1	3.8	3.4	3.4
Residents confined to chairs.	24	92.3	49.1	50.8
Residents requiring restraints.	9	34.6	43.2	41.3
Confused or disoriented residents.	10	38.5	59.0	58.4
Residents with bed sores.	9	34.6	7.6	7.1
Residents receiving special skin care.	10	38.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEREA QUALITY CARE

Street Address: 570 N ROCKY RIVER DR	**City and State:** BEREA OH 44017

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 8	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	8	100	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	8	100	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	50.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	37.5	33.9	29.3
Completely bedfast residents.	1	12.5	1.6	3.6
Residents confined to chairs.	7	87.5	37.3	39.1
Residents requiring restraints.	3	37.5	36.1	31.7
Confused or disoriented residents.	3	37.5	60.6	55.8
Residents with bed sores.	1	12.5	5.3	4.7
Residents receiving special skin care.	2	25.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORRIS NURSING HOME

Street Address: 322 S CHARITY ST	**City and State:** BETHEL OH 45106

Participation: MEDICAID ICF	**# of Beds:** 18	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 16	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	93.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	15	93.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	10	62.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	87.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	56.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	43.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	4	25.0	37.3	39.1
Residents requiring restraints.	6	37.5	36.1	31.7
Confused or disoriented residents.	9	56.3	60.6	55.8
Residents with bed sores.	1	6.3	5.3	4.7
Residents receiving special skin care.	1	6.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STAR NURSING HOME

Street Address: 40060 NATIONAL ROAD RR 1	**City and State:** BETHESDA OH 43719

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	54.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	32	66.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	32	66.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	66.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	66.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	22.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	22	45.8	37.3	39.1
Residents requiring restraints.	22	45.8	36.1	31.7
Confused or disoriented residents.	18	37.5	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	14	29.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRVIEW MANOR NURSING HOME

Street Address: 501 PINECREST DRIVE		**City and State:** BEVERLY OH 45715	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	94.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	67	90.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	63	85.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	77.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	79.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	11	14.9	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	36.5	43.0	37.7
Completely bedfast residents.	1	1.4	3.4	3.4
Residents confined to chairs.	51	68.9	49.1	50.8
Residents requiring restraints.	8	10.8	43.2	41.3
Confused or disoriented residents.	22	29.7	59.0	58.4
Residents with bed sores.	3	4.1	7.6	7.1
Residents receiving special skin care.	10	13.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SCENIC HILLS NURSING CENTER

Street Address: RT 2 BOX 262	**City and State:** BIDWELL OH 45614

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 1	**Medicaid Residents:** 77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	88.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	85	87.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	73	75.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	70.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	69.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	29.9	43.0	37.7
Completely bedfast residents.	2	2.1	3.4	3.4
Residents confined to chairs.	27	27.8	49.1	50.8
Residents requiring restraints.	70	72.2	43.2	41.3
Confused or disoriented residents.	55	56.7	59.0	58.4
Residents with bed sores.	3	3.1	7.6	7.1
Residents receiving special skin care.	28	28.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLANCHESTER CARE CENTER

Street Address: 839 EAST CHERRY STREET		**City and State:** BLANCHESTER OH 45107	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	89.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	43	89.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	38	79.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	89.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	70.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	13	27.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	100	43.0	37.7
Completely bedfast residents.	1	2.1	3.4	3.4
Residents confined to chairs.	22	45.8	49.1	50.8
Residents requiring restraints.	31	64.6	43.2	41.3
Confused or disoriented residents.	34	70.8	59.0	58.4
Residents with bed sores.	7	14.6	7.6	7.1
Residents receiving special skin care.	1	2.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONTINENTAL MANOR NURS AND REHAB CTR

Street Address: 820 EAST CENTER STREET		**City and State:** BLANCHESTER OH 45107	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	56.8	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	79.7	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	75.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	75.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	60.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	3	4.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	41.9	43.0	37.7
Completely bedfast residents.	1	1.4	3.4	3.4
Residents confined to chairs.	35	47.3	49.1	50.8
Residents requiring restraints.	37	50.0	43.2	41.3
Confused or disoriented residents.	60	81.1	59.0	58.4
Residents with bed sores.	3	4.1	7.6	7.1
Residents receiving special skin care.	3	4.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLOOMVILLE NURSING CARE CENTER

Street Address: 22 CLINTON STREET	**City and State:** BLOOMVILLE OH 44818

Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	86.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	25	83.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	24	80.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	80.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	83.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	26.7	33.9	29.3
Completely bedfast residents.	4	13.3	1.6	3.6
Residents confined to chairs.	9	30.0	37.3	39.1
Residents requiring restraints.	12	40.0	36.1	31.7
Confused or disoriented residents.	22	73.3	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MENNONITE MEMORIAL HOME

Street Address: 410 WEST ELM STREET	**City and State:** BLUFFTON OH 45817

Participation: MEDICAID ICF	**# of Beds:** 92	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	88.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	62	69.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	45	50.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	50.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	76.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	14.6	33.9	29.3
Completely bedfast residents.	1	1.1	1.6	3.6
Residents confined to chairs.	18	20.2	37.3	39.1
Residents requiring restraints.	22	24.7	36.1	31.7
Confused or disoriented residents.	54	60.7	60.6	55.8
Residents with bed sores.	5	5.6	5.3	4.7
Residents receiving special skin care.	45	50.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RICHLAND MANOR NH

Street Address: 7400 SWANEY RD	**City and State:** BLUFFTON OH 45817

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	**Medicare Residents:** 1	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	97.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	81	95.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	69	81.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	91.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	63.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	58.8	43.0	37.7
Completely bedfast residents.	3	3.5	3.4	3.4
Residents confined to chairs.	37	43.5	49.1	50.8
Residents requiring restraints.	22	25.9	43.2	41.3
Confused or disoriented residents.	49	57.6	59.0	58.4
Residents with bed sores.	4	4.7	7.6	7.1
Residents receiving special skin care.	10	11.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RON JOY NURSING HOME

Street Address: 830 BOARDMAN CANFIELD ROAD	**City and State:** BOARDMAN OH 44512

Participation: MEDICAID ICF	**# of Beds:** 87	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	92.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	78	91.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	67	78.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	84.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	64.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	26	30.6	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	39	45.9	33.9	29.3
Completely bedfast residents.	6	7.1	1.6	3.6
Residents confined to chairs.	58	68.2	37.3	39.1
Residents requiring restraints.	61	71.8	36.1	31.7
Confused or disoriented residents.	50	58.8	60.6	55.8
Residents with bed sores.	13	15.3	5.3	4.7
Residents receiving special skin care.	33	38.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTWOOD REHABILITATION MEDICAL CENTER

Street Address: 7148 WEST BLVD		**City and State:** BOARDMAN OH 44512	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 149	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
139	2	106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	131	94.2	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	127	91.4	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	77	55.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	97.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	106	76.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	9	6.5	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	33.1	43.0	37.7
Completely bedfast residents.	7	5.0	3.4	3.4
Residents confined to chairs.	124	89.2	49.1	50.8
Residents requiring restraints.	94	67.6	43.2	41.3
Confused or disoriented residents.	78	56.1	59.0	58.4
Residents with bed sores.	8	5.8	7.6	7.1
Residents receiving special skin care.	25	18.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BOWERSTON HEALTH CARE CENTER

Street Address: 9076 CUMBERLAND ROAD SW	**City and State:** BOWERSTON OH 44695

Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	78.3	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	19	82.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	17	73.9	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	73.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	52.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	9	39.1	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	43.5	33.9	29.3
Completely bedfast residents.	2	8.7	1.6	3.6
Residents confined to chairs.	13	56.5	37.3	39.1
Residents requiring restraints.	8	34.8	36.1	31.7
Confused or disoriented residents.	11	47.8	60.6	55.8
Residents with bed sores.	1	4.3	5.3	4.7
Residents receiving special skin care.	23	100	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BOWLING GREEN MANOR

Street Address: 1021 WEST POE ROAD	**City and State:** BOWLING GREEN OH 43402

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 1	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	92.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	94	95.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	81	82.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	88.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	65.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	45.9	43.0	37.7
Completely bedfast residents.	4	4.1	3.4	3.4
Residents confined to chairs.	63	64.3	49.1	50.8
Residents requiring restraints.	41	41.8	43.2	41.3
Confused or disoriented residents.	42	42.9	59.0	58.4
Residents with bed sores.	6	6.1	7.6	7.1
Residents receiving special skin care.	6	6.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY NURSING HOME

Street Address: 850 W POE STREET	**City and State:** BOWLING GREEN OH 43402

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	81.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	59	83.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	50	70.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	73.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	66.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	19.7	43.0	37.7
Completely bedfast residents.	4	5.6	3.4	3.4
Residents confined to chairs.	22	31.0	49.1	50.8
Residents requiring restraints.	20	28.2	43.2	41.3
Confused or disoriented residents.	22	31.0	59.0	58.4
Residents with bed sores.	8	11.3	7.6	7.1
Residents receiving special skin care.	13	18.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOSPITALITY HLTH CARE OF BOWLING GRN

Street Address: 308 W WOOSTER	**City and State:** BOWLING GREEN OH 43402

Participation: MEDICAID ICF	**# of Beds:** 24	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 12	**Medicare Residents:** 0	**Medicaid Residents:** 10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	41.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	5	41.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	4	33.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	33.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	33.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	8.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	2	16.7	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	3	25.0	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOOD COUNTY NURSING HOME

Street Address: 11080 EAST GYPSY LANE RD		**City and State:** BOWLING GREEN OH 43402	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 127	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
126	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	77.8	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	77.0	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	62.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	55.6	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	50.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	29.4	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	40	31.7	49.1	50.8
Residents requiring restraints.	55	43.7	43.2	41.3
Confused or disoriented residents.	60	47.6	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	20	15.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOOSTER NURSING HOME

Street Address: 416 W WOOSTER ST	**City and State:** BOWLING GREEN OH 43402

Participation: MEDICAID ICF	**# of Beds:** 21	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 21	**Medicare Residents:** 0	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	95.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	16	76.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	11	52.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	47.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	42.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	28.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	6	28.6	37.3	39.1
Residents requiring restraints.	6	28.6	36.1	31.7
Confused or disoriented residents.	21	100	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	2	9.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRADFORD LIVING CARE CENTER INC

Street Address: 325 S MIAMI ST	**City and State:** BRADFORD OH 45308

Participation: MEDICAID ICF	**# of Beds:** 17	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 12	**Medicare Residents:** 0	**Medicaid Residents:** 11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	83.3	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	10	83.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	10	83.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	83.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	50.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	41.7	33.9	29.3
Completely bedfast residents.	1	8.3	1.6	3.6
Residents confined to chairs.	5	41.7	37.3	39.1
Residents requiring restraints.	7	58.3	36.1	31.7
Confused or disoriented residents.	7	58.3	60.6	55.8
Residents with bed sores.	1	8.3	5.3	4.7
Residents receiving special skin care.	4	33.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BOLTON CONVALESCENT

Street Address: 13802 LAKE SHORE BLVD		**City and State:** BRATENAHL OH 44110	
Participation: MEDICAID ICF	**# of Beds:** 16	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
15	0	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	7	46.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	12	80.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	4	26.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	26.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	46.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	26.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	0	0.0	37.3	39.1
Residents requiring restraints.	3	20.0	36.1	31.7
Confused or disoriented residents.	13	86.7	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	2	13.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BREWSTER PARKE INC

Street Address: 264 MOHICAN STREET	**City and State:** BREWSTER OH 44613

Participation: MEDICAID ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	42	87.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	42	87.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	81.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	81.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	39.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	12	25.0	37.3	39.1
Residents requiring restraints.	28	58.3	36.1	31.7
Confused or disoriented residents.	37	77.1	60.6	55.8
Residents with bed sores.	2	4.2	5.3	4.7
Residents receiving special skin care.	4	8.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF LANSING

Street Address: 300 COMMERCIAL DRIVE	**City and State:** BRIDGEPORT OH 43912

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	91.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	91	93.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	85	87.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	84.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	67.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	5	5.2	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	25.8	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	55	56.7	49.1	50.8
Residents requiring restraints.	56	57.7	43.2	41.3
Confused or disoriented residents.	45	46.4	59.0	58.4
Residents with bed sores.	3	3.1	7.6	7.1
Residents receiving special skin care.	25	25.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROYALVIEW MANOR

Street Address: 2801 E ROYALTON ROAD	**City and State:** BROADVIEW HEIGHTS OH 44147

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 159	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 3	**Medicare Residents:** 3	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	3	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	3	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	33.3	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	100	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	3	100	49.1	50.8
Residents requiring restraints.	1	33.3	43.2	41.3
Confused or disoriented residents.	2	66.7	59.0	58.4
Residents with bed sores.	1	33.3	7.6	7.1
Residents receiving special skin care.	3	100	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROOKHAVEN NURSING CARE CTR

Street Address: 770 N ALBERT RD		**City and State:** BROOKVILLE OH 45309	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	1	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	81.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	88	88.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	81	81.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	77.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	81.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	36	36.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	54.0	43.0	37.7
Completely bedfast residents.	2	2.0	3.4	3.4
Residents confined to chairs.	69	69.0	49.1	50.8
Residents requiring restraints.	55	55.0	43.2	41.3
Confused or disoriented residents.	83	83.0	59.0	58.4
Residents with bed sores.	5	5.0	7.6	7.1
Residents receiving special skin care.	15	15.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PEARLVIEW SKILLED NCF

Street Address: 4426 HOMESTEAD DR		**City and State:** BRUNSWICK OH 44212	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 127	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
90	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	96.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	69	76.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	63	70.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	86.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	83.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	52	57.8	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	42.2	43.0	37.7
Completely bedfast residents.	2	2.2	3.4	3.4
Residents confined to chairs.	49	54.4	49.1	50.8
Residents requiring restraints.	49	54.4	43.2	41.3
Confused or disoriented residents.	67	74.4	59.0	58.4
Residents with bed sores.	5	5.6	7.6	7.1
Residents receiving special skin care.	90	100	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOWOOD NURSING HOME INC

Street Address: 1186 HADCOCK RD		**City and State:** BRUNSWICK OH 44212	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
90	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	95.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	85	94.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	80	88.9	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	77.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	26	28.9	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	33	36.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	45	50.0	37.3	39.1
Residents requiring restraints.	53	58.9	36.1	31.7
Confused or disoriented residents.	73	81.1	60.6	55.8
Residents with bed sores.	1	1.1	5.3	4.7
Residents receiving special skin care.	18	20.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRYAN NURSING CARE CENTER

Street Address: 1104 WESLEY AVE	**City and State:** BRYAN OH 43506

Participation: MEDICAID ICF	**# of Beds:** 189	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	84.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	71	100	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	68	95.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	88.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	38	53.5	33.9	29.3
Completely bedfast residents.	1	1.4	1.6	3.6
Residents confined to chairs.	46	64.8	37.3	39.1
Residents requiring restraints.	62	87.3	36.1	31.7
Confused or disoriented residents.	62	87.3	60.6	55.8
Residents with bed sores.	4	5.6	5.3	4.7
Residents receiving special skin care.	18	25.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLIAMS CO HILLSIDE NH

Street Address: RR3 BOX 234		**City and State:** BRYAN OH 43506	
Participation: MEDICAID ICF	**# of Beds:** 71	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	63.4	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	56	78.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	45	63.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	64.8	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	63.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	31	43.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	30	42.3	37.3	39.1
Residents requiring restraints.	27	38.0	36.1	31.7
Confused or disoriented residents.	44	62.0	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	4	5.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF BUCYRUS

Street Address: 1170 WEST MANSFIELD		**City and State:** BUCYRUS OH 44820	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	88.2	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	88	94.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	69	74.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	82.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	95.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	46.2	43.0	37.7
Completely bedfast residents.	2	2.2	3.4	3.4
Residents confined to chairs.	18	19.4	49.1	50.8
Residents requiring restraints.	48	51.6	43.2	41.3
Confused or disoriented residents.	56	60.2	59.0	58.4
Residents with bed sores.	4	4.3	7.6	7.1
Residents receiving special skin care.	21	22.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKWOOD MANOR

Street Address: 1929 WHETSTONE		**City and State:** BUCYRUS OH 44820	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	75.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	76	80.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	69	72.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	73.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	45.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	36.8	43.0	37.7
Completely bedfast residents.	1	1.1	3.4	3.4
Residents confined to chairs.	38	40.0	49.1	50.8
Residents requiring restraints.	9	9.5	43.2	41.3
Confused or disoriented residents.	36	37.9	59.0	58.4
Residents with bed sores.	4	4.2	7.6	7.1
Residents receiving special skin care.	10	10.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARRIAGE INN OF CADIZ

Street Address: 259 JAMISON AVE	**City and State:** CADIZ OH 43907

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 122	**Medicare Residents:** 6	**Medicaid Residents:** 102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	81.1	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	105	86.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	94	77.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	84.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	72.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	8	6.6	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	30.3	43.0	37.7
Completely bedfast residents.	1	0.8	3.4	3.4
Residents confined to chairs.	48	39.3	49.1	50.8
Residents requiring restraints.	62	50.8	43.2	41.3
Confused or disoriented residents.	82	67.2	59.0	58.4
Residents with bed sores.	8	6.6	7.6	7.1
Residents receiving special skin care.	58	47.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUMMIT ACRES NURSING HOME

Street Address: RD 1	**City and State:** CALDWELL OH 43724

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 10	**Medicare Residents:** 2	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	10	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	10	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	100	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	100	43.0	37.7
Completely bedfast residents.	2	20.0	3.4	3.4
Residents confined to chairs.	8	80.0	49.1	50.8
Residents requiring restraints.	3	30.0	43.2	41.3
Confused or disoriented residents.	10	100	59.0	58.4
Residents with bed sores.	2	20.0	7.6	7.1
Residents receiving special skin care.	2	20.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAMBRIDGE HEALTH CARE CENTER

Street Address: 1471 WILLS CREEK VALLEY DRIVE		**City and State:** CAMBRIDGE OH 43725	
Participation: MEDICAID ICF	**# of Beds:** 159	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
150	0	110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	64.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	138	92.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	117	78.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	78.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	58.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	51	34.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	74	49.3	37.3	39.1
Residents requiring restraints.	45	30.0	36.1	31.7
Confused or disoriented residents.	52	34.7	60.6	55.8
Residents with bed sores.	3	2.0	5.3	4.7
Residents receiving special skin care.	23	15.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RED CARPET HLTH CARE CTR

Street Address: 8420 GEORGETOWN RD BOX 1489		**City and State:** CAMBRIDGE OH 43725	
Participation: MEDICAID ICF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
77	0	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	81.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	68	88.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	55	71.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	71.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	63.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	4	5.2	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	34	44.2	33.9	29.3
Completely bedfast residents.	2	2.6	1.6	3.6
Residents confined to chairs.	38	49.4	37.3	39.1
Residents requiring restraints.	25	32.5	36.1	31.7
Confused or disoriented residents.	41	53.2	60.6	55.8
Residents with bed sores.	4	5.2	5.3	4.7
Residents receiving special skin care.	14	18.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHAPEL HILL HOME

Street Address: 12200 STRAUSER ST NW	**City and State:** CANAL FULTON OH 44614

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 152	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 122	**Medicare Residents:** 1	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	112	91.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	82	67.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	60	49.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	62.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	54.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	15	12.3	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	28.7	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	31	25.4	49.1	50.8
Residents requiring restraints.	40	32.8	43.2	41.3
Confused or disoriented residents.	76	62.3	59.0	58.4
Residents with bed sores.	1	0.8	7.6	7.1
Residents receiving special skin care.	41	33.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GAS LIGHT VILLA CONVALESCENT

Street Address: 7017 HIGHMILL AVENUE		**City and State:** CANAL FULTON OH 44614	
Participation: MEDICAID ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	0	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	86.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	69	70.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	71	72.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	69.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	69.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	47	48.0	33.9	29.3
Completely bedfast residents.	1	1.0	1.6	3.6
Residents confined to chairs.	62	63.3	37.3	39.1
Residents requiring restraints.	49	50.0	36.1	31.7
Confused or disoriented residents.	59	60.2	60.6	55.8
Residents with bed sores.	1	1.0	5.3	4.7
Residents receiving special skin care.	16	16.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINCHESTER PLACE

Street Address: 36 LEHMAN DR	**City and State:** CANAL WINCHESTER OH 43110

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 201	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
2	1	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	2	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	1	50.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	50.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	50.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	100	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	1	50.0	49.1	50.8
Residents requiring restraints.	2	100	43.2	41.3
Confused or disoriented residents.	2	100	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	1	50.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUTUMN VILLA CARE CENTER INC

Street Address: 1612 HARRISBURG RD NE	**City and State:** CANTON OH 44705

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	50.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	41	89.1	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	56.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	80.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	56.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	7	15.2	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	43.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	5	10.9	37.3	39.1
Residents requiring restraints.	2	4.3	36.1	31.7
Confused or disoriented residents.	17	37.0	60.6	55.8
Residents with bed sores.	3	6.5	5.3	4.7
Residents receiving special skin care.	3	6.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAKER SUMSER HEALTH CARE CENTER

Street Address: 836 34 STREET N W	**City and State:** CANTON OH 44709

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	92.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	79	88.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	60	67.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	71.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	49.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	16.9	33.9	29.3
Completely bedfast residents.	1	1.1	1.6	3.6
Residents confined to chairs.	24	27.0	37.3	39.1
Residents requiring restraints.	33	37.1	36.1	31.7
Confused or disoriented residents.	52	58.4	60.6	55.8
Residents with bed sores.	6	6.7	5.3	4.7
Residents receiving special skin care.	9	10.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANTON CHRISTIAN HOME

Street Address: 2550 CLEVELAND AVE NW		**City and State:** CANTON OH 44709	
Participation: MEDICAID ICF	**# of Beds:** 53	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	49	100	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	44	89.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	89.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	32	65.3	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	26	53.1	33.9	29.3
Completely bedfast residents.	2	4.1	1.6	3.6
Residents confined to chairs.	25	51.0	37.3	39.1
Residents requiring restraints.	13	26.5	36.1	31.7
Confused or disoriented residents.	32	65.3	60.6	55.8
Residents with bed sores.	3	6.1	5.3	4.7
Residents receiving special skin care.	22	44.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANTON HEALTH CARE CTR

Street Address: 1233 N MARKET ST		**City and State:** CANTON OH 44714	
Participation: MEDICAID ICF	**# of Beds:** 166	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
166	0	133

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	53.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	98	59.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	62	37.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	39.8	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	40.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	34	20.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	22	13.3	37.3	39.1
Residents requiring restraints.	51	30.7	36.1	31.7
Confused or disoriented residents.	131	78.9	60.6	55.8
Residents with bed sores.	8	4.8	5.3	4.7
Residents receiving special skin care.	35	21.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL NURSING CENTER

Street Address: 1528 MARKET AVE N W	**City and State:** CANTON OH 44714

Participation: MEDICAID ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	71.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	53	80.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	44	66.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	71.2	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	62.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	4	6.1	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	28	42.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	20	30.3	37.3	39.1
Residents requiring restraints.	24	36.4	36.1	31.7
Confused or disoriented residents.	45	68.2	60.6	55.8
Residents with bed sores.	2	3.0	5.3	4.7
Residents receiving special skin care.	12	18.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONVALESCENT CARE INC

Street Address: 315 MCKINLEY AVE NW	**City and State:** CANTON OH 44702

Participation: MEDICAID ICF	**# of Beds:** 90	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 0	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	64.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	61	75.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	30	37.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	43.2	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	43.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	14.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	13	16.0	37.3	39.1
Residents requiring restraints.	15	18.5	36.1	31.7
Confused or disoriented residents.	44	54.3	60.6	55.8
Residents with bed sores.	1	1.2	5.3	4.7
Residents receiving special skin care.	32	39.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CORMAN HEALTH CARE

Street Address: 1435 MARKET AVENUE NORTH		**City and State:** CANTON OH 44714	
Participation: MEDICAID ICF	**# of Beds:** 35	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
18	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	72.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	18	100	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	11	61.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	72.2	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	72.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	7	38.9	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	27.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	10	55.6	37.3	39.1
Residents requiring restraints.	8	44.4	36.1	31.7
Confused or disoriented residents.	11	61.1	60.6	55.8
Residents with bed sores.	1	5.6	5.3	4.7
Residents receiving special skin care.	6	33.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JEAN CAROLS NURSING HOME

Street Address: 1432 EAST TUSCARAWAS STREET		**City and State:** CANTON OH 44707	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 21	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	71.4	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	15	71.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	15	71.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	71.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	71.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	15	71.4	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	23.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	8	38.1	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	11	52.4	60.6	55.8
Residents with bed sores.	1	4.8	5.3	4.7
Residents receiving special skin care.	6	28.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOR CARE BELDEN VILLAGE

Street Address: 5005 HIGBEE AVE NW	**City and State:** CANTON OH 44718

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 147	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	74.2	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	83	85.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	79	81.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	80.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	73.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	6	6.2	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	39.2	43.0	37.7
Completely bedfast residents.	2	2.1	3.4	3.4
Residents confined to chairs.	33	34.0	49.1	50.8
Residents requiring restraints.	28	28.9	43.2	41.3
Confused or disoriented residents.	37	38.1	59.0	58.4
Residents with bed sores.	1	1.0	7.6	7.1
Residents receiving special skin care.	26	26.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MICKINLEY LIFE CARE CENTRE

Street Address: 800 MARKET AVENUE NORTH		**City and State:** CANTON OH 44702	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 190	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
164	0	117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	134	81.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	131	79.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	126	76.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	75.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	99	60.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	107	65.2	43.0	37.7
Completely bedfast residents.	1	0.6	3.4	3.4
Residents confined to chairs.	111	67.7	49.1	50.8
Residents requiring restraints.	31	18.9	43.2	41.3
Confused or disoriented residents.	81	49.4	59.0	58.4
Residents with bed sores.	6	3.7	7.6	7.1
Residents receiving special skin care.	33	20.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SMITH NURSING HOME

Street Address: 2330 PENN PLACE NE	**City and State:** CANTON OH 44704

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	98.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	48	96.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	32	64.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	92.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	60.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	16	32.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	36.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	20	40.0	37.3	39.1
Residents requiring restraints.	25	50.0	36.1	31.7
Confused or disoriented residents.	46	92.0	60.6	55.8
Residents with bed sores.	1	2.0	5.3	4.7
Residents receiving special skin care.	41	82.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTBROOK PARK NURSING HOME

Street Address: 2714 13TH STREET	**City and State:** CANTON OH 44708

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 127	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	**Medicare Residents:** 2	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	18	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	15	83.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	88.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	88.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	3	16.7	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	27.8	43.0	37.7
Completely bedfast residents.	1	5.6	3.4	3.4
Residents confined to chairs.	11	61.1	49.1	50.8
Residents requiring restraints.	11	61.1	43.2	41.3
Confused or disoriented residents.	9	50.0	59.0	58.4
Residents with bed sores.	4	22.2	7.6	7.1
Residents receiving special skin care.	18	100	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WHITE OAK CONVALESCENT HOME

Street Address: 3516 WHITE OAK DR	**City and State:** CANTON OH 44710

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	70.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	21	70.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	66.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	83.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	63.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	12	40.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	50.0	33.9	29.3
Completely bedfast residents.	6	20.0	1.6	3.6
Residents confined to chairs.	5	16.7	37.3	39.1
Residents requiring restraints.	13	43.3	36.1	31.7
Confused or disoriented residents.	23	76.7	60.6	55.8
Residents with bed sores.	2	6.7	5.3	4.7
Residents receiving special skin care.	3	10.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAREY NURSING HOME

Street Address: 127 BRAYTON ST		**City and State:** CAREY OH 43316	
Participation: MEDICAID ICF	**# of Beds:** 16	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
14	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	28.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	9	64.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	7	50.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	78.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	50.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	5	35.7	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	28.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	4	28.6	37.3	39.1
Residents requiring restraints.	5	35.7	36.1	31.7
Confused or disoriented residents.	9	64.3	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	3	21.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INDIAN TRAILS NURSING HOME

Street Address: 821 EAST FINDLAY STREET	**City and State:** CAREY OH 43316

Participation: MEDICAID ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	84.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	39	84.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	56.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	71.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	39.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	8	17.4	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	39.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	22	47.8	37.3	39.1
Residents requiring restraints.	17	37.0	36.1	31.7
Confused or disoriented residents.	18	39.1	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	4	8.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARLISLE MANOR HEALTH CARE

Street Address: 730 HILLCREST AVE		**City and State:** CARLISLE OH 45005	
Participation: MEDICAID ICF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	89.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	44	91.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	32	66.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	68.8	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	58.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	43.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	17	35.4	37.3	39.1
Residents requiring restraints.	25	52.1	36.1	31.7
Confused or disoriented residents.	43	89.6	60.6	55.8
Residents with bed sores.	7	14.6	5.3	4.7
Residents receiving special skin care.	7	14.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self–help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ATWOOD NURSING CENTER INC

Street Address: 347 STEUBENVILLE ROAD	**City and State:** CARROLLTON OH 44615

Participation: MEDICAID ICF	**# of Beds:** 17	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	17	100	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	5	29.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	5.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	35.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	4	23.5	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	5.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	0	0.0	37.3	39.1
Residents requiring restraints.	2	11.8	36.1	31.7
Confused or disoriented residents.	2	11.8	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	5	29.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARROLL HEALTH CARE CENTER

Street Address: 648 LONG STREET	**City and State:** CARROLLTON OH 44615

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 1	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	80.4	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	79	85.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	70	76.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	73.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	63.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	45.7	43.0	37.7
Completely bedfast residents.	7	7.6	3.4	3.4
Residents confined to chairs.	53	57.6	49.1	50.8
Residents requiring restraints.	25	27.2	43.2	41.3
Confused or disoriented residents.	51	55.4	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	31	33.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CELINA MANOR

Street Address: 1001 MEYERS RD	**City and State:** CELINA OH 45822

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	76.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	77	84.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	59	64.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	91.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	49.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.3	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	47.3	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	30	33.0	49.1	50.8
Residents requiring restraints.	34	37.4	43.2	41.3
Confused or disoriented residents.	55	60.4	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	40	44.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOMETOWN NURSING HOME OF CELINA

Street Address: 401 EAST MEYERS		**City and State:** CELINA OH 45822	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
37	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	97.3	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	31	83.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	70.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	78.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	70.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	37.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	9	24.3	37.3	39.1
Residents requiring restraints.	10	27.0	36.1	31.7
Confused or disoriented residents.	20	54.1	60.6	55.8
Residents with bed sores.	1	2.7	5.3	4.7
Residents receiving special skin care.	8	21.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANTERBURY VILLA OF CENTERBURG

Street Address: 80 MILLER AVE		**City and State:** CENTERBURG OH 43011	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	73.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	37	75.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	24	49.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	55.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	49.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	24.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	10	20.4	37.3	39.1
Residents requiring restraints.	17	34.7	36.1	31.7
Confused or disoriented residents.	32	65.3	60.6	55.8
Residents with bed sores.	2	4.1	5.3	4.7
Residents receiving special skin care.	7	14.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTERBURG NURSING CENTER

Street Address: FAIRVIEW AVENUE P O BOX 418	**City and State:** CENTERBURG OH 43011

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 4	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	74.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	65	82.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	53	67.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	58.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	53.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.5	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	35.4	43.0	37.7
Completely bedfast residents.	12	15.2	3.4	3.4
Residents confined to chairs.	24	30.4	49.1	50.8
Residents requiring restraints.	20	25.3	43.2	41.3
Confused or disoriented residents.	46	58.2	59.0	58.4
Residents with bed sores.	4	5.1	7.6	7.1
Residents receiving special skin care.	6	7.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORNING VIEW CARE CENTER I

Street Address: 4531 COLUMBUS RD	**City and State:** CENTERBURG OH 43011

Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	68.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	23	71.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	22	68.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	87.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	62.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	4	12.5	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	43.8	33.9	29.3
Completely bedfast residents.	1	3.1	1.6	3.6
Residents confined to chairs.	11	34.4	37.3	39.1
Residents requiring restraints.	6	18.8	36.1	31.7
Confused or disoriented residents.	20	62.5	60.6	55.8
Residents with bed sores.	3	9.4	5.3	4.7
Residents receiving special skin care.	6	18.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEATHER HILL INC

Street Address: 12340 BASS LAKE RD PO BOX 309	**City and State:** CHARDON OH 44024

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 152	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 143	**Medicare Residents:** 0	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	129	90.2	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	131	91.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	127	88.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	86.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	81.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	115	80.4	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	80	55.9	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	53	37.1	49.1	50.8
Residents requiring restraints.	80	55.9	43.2	41.3
Confused or disoriented residents.	115	80.4	59.0	58.4
Residents with bed sores.	8	5.6	7.6	7.1
Residents receiving special skin care.	70	49.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLE NURSING HOME

Street Address: 13417 ROCKHAVEN ROAD	**City and State:** CHESTERLAND OH 44026

Participation: MEDICAID ICF	**# of Beds:** 21	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
21	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	14	66.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	8	38.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	57.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	38.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	7	33.3	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	14.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	5	23.8	37.3	39.1
Residents requiring restraints.	4	19.0	36.1	31.7
Confused or disoriented residents.	14	66.7	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	1	4.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORROW MANOR

Street Address: PO BOX 44 STATE RTS 96 AND 134	**City and State:** CHESTERVILLE OH 43317

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	47.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	38	79.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	35	72.9	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	62.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	5	10.4	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	52.1	33.9	29.3
Completely bedfast residents.	48	100	1.6	3.6
Residents confined to chairs.	29	60.4	37.3	39.1
Residents requiring restraints.	20	41.7	36.1	31.7
Confused or disoriented residents.	25	52.1	60.6	55.8
Residents with bed sores.	1	2.1	5.3	4.7
Residents receiving special skin care.	2	4.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLEBRAND NURSING CTR

Street Address: 4307 BRIDGETOWN ROAD	**City and State:** CHEVIOT OH 45211

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	110	PROPRIETARY	07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	4	3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	98.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	46	93.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	44	89.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	91.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	67.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	89.8	43.0	37.7
Completely bedfast residents.	5	10.2	3.4	3.4
Residents confined to chairs.	20	40.8	49.1	50.8
Residents requiring restraints.	33	67.3	43.2	41.3
Confused or disoriented residents.	28	57.1	59.0	58.4
Residents with bed sores.	5	10.2	7.6	7.1
Residents receiving special skin care.	18	36.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF CHILLICOTHE

Street Address: 1058 COLUMBUS STREET

City and State: CHILLICOTHE OH 45601

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 101

Type of Ownership: PROPRIETARY

Survey Date: 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93

Medicare Residents: 0

Medicaid Residents: 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	82	88.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	66	71.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	82.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	61.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	30.1	43.0	37.7
Completely bedfast residents.	3	3.2	3.4	3.4
Residents confined to chairs.	50	53.8	49.1	50.8
Residents requiring restraints.	45	48.4	43.2	41.3
Confused or disoriented residents.	37	39.8	59.0	58.4
Residents with bed sores.	6	6.5	7.6	7.1
Residents receiving special skin care.	12	12.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARIETTA PLACE NURSING HOME

Street Address: 60 MARIETTA RD		**City and State:** CHILLICOTHE OH 45601	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 7	**Medicare Residents:** 0	**Medicaid Residents:** 7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	7	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	7	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	6	85.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	85.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	85.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	14.3	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	28.6	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	4	57.1	49.1	50.8
Residents requiring restraints.	2	28.6	43.2	41.3
Confused or disoriented residents.	3	42.9	59.0	58.4
Residents with bed sores.	1	14.3	7.6	7.1
Residents receiving special skin care.	1	14.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTMORELAND PLACE NH

Street Address: 230 CHERRY ST	**City and State:** CHILLICOTHE OH 45601

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 142	**Medicare Residents:** 3	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	69.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	114	80.3	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	112	78.9	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	76.1	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	102	71.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	24.6	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	84	59.2	49.1	50.8
Residents requiring restraints.	77	54.2	43.2	41.3
Confused or disoriented residents.	76	53.5	59.0	58.4
Residents with bed sores.	1	0.7	7.6	7.1
Residents receiving special skin care.	43	30.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AARON CONVALESCENT HOME

Street Address: 21 WEST COLUMBIA AVE

City and State: CINCINNATI OH 45215

Participation: MEDICAID ICF

# of Beds: 142

Type of Ownership: PROPRIETARY

Survey Date: 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130

Medicare Residents: 0

Medicaid Residents: 124

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	64.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	100	76.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	71	54.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	54.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	46.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	18.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	54	41.5	37.3	39.1
Residents requiring restraints.	30	23.1	36.1	31.7
Confused or disoriented residents.	51	39.2	60.6	55.8
Residents with bed sores.	2	1.5	5.3	4.7
Residents receiving special skin care.	43	33.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ABLE MANOR NURSING HOME

Street Address: 2927 DOUGLAS TERRACE	**City and State:** CINCINNATI OH 45212

Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	78.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	25	78.1	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	19	59.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	87.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	59.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	16	50.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	25.0	33.9	29.3
Completely bedfast residents.	1	3.1	1.6	3.6
Residents confined to chairs.	6	18.8	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	20	62.5	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	14	43.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALASKA NURSING HOME

Street Address: 3584 ALASKA AVENUE		**City and State:** CINCINNATI OH 45229	
Participation: MEDICAID ICF	**# of Beds:** 43	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
34	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	97.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	32	94.1	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	21	61.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	58.8	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	85.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	9	26.5	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	14.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	19	55.9	37.3	39.1
Residents requiring restraints.	19	55.9	36.1	31.7
Confused or disoriented residents.	33	97.1	60.6	55.8
Residents with bed sores.	3	8.8	5.3	4.7
Residents receiving special skin care.	7	20.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMBASSADOR NORTH

Street Address: 5501 VERULAM ST		**City and State:** CINCINNATI OH 45213	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	100	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	100	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	89.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	89.1	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	89.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	4.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	58.7	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	24	52.2	49.1	50.8
Residents requiring restraints.	15	32.6	43.2	41.3
Confused or disoriented residents.	30	65.2	59.0	58.4
Residents with bed sores.	3	6.5	7.6	7.1
Residents receiving special skin care.	26	56.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMBASSADOR SOUTH

Street Address: 3030 CARPATHIA ST	**City and State:** CINCINNATI OH 45213

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	97.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	42	91.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	33	71.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	41.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	69.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	43.5	43.0	37.7
Completely bedfast residents.	1	2.2	3.4	3.4
Residents confined to chairs.	20	43.5	49.1	50.8
Residents requiring restraints.	18	39.1	43.2	41.3
Confused or disoriented residents.	22	47.8	59.0	58.4
Residents with bed sores.	3	6.5	7.6	7.1
Residents receiving special skin care.	30	65.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARCADIA MANOR NURSING HOME

Street Address: 5500 VERULAM STREET	**City and State:** CINCINNATI OH 45213

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 0	**Medicaid Residents:** 107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	49.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	105	89.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	64	54.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	82.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	56.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	29.9	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	45	38.5	49.1	50.8
Residents requiring restraints.	91	77.8	43.2	41.3
Confused or disoriented residents.	116	99.1	59.0	58.4
Residents with bed sores.	3	2.6	7.6	7.1
Residents receiving special skin care.	18	15.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARCHBISHOP LEIBOLD HOME FOR THE AGED

Street Address: 476 RIDDLE RD		**City and State:** CINCINNATI OH 45220	
Participation: MEDICAID ICF	**# of Beds:** 75	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
66	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	74.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	50	75.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	46	69.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	75.8	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	75.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	36	54.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	16	24.2	37.3	39.1
Residents requiring restraints.	19	28.8	36.1	31.7
Confused or disoriented residents.	45	68.2	60.6	55.8
Residents with bed sores.	3	4.5	5.3	4.7
Residents receiving special skin care.	10	15.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEECHKNOLL CONVALESCENT CENTER

Street Address: 6550 HAMILTON AVENUE		**City and State:** CINCINNATI OH 45224	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 12	**Medicare Residents:** 3	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	12	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	12	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	83.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	66.7	43.0	37.7
Completely bedfast residents.	1	8.3	3.4	3.4
Residents confined to chairs.	9	75.0	49.1	50.8
Residents requiring restraints.	8	66.7	43.2	41.3
Confused or disoriented residents.	9	75.0	59.0	58.4
Residents with bed sores.	4	33.3	7.6	7.1
Residents receiving special skin care.	7	58.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEECHWOOD HOME FOR INCURABLES

Street Address: 2140 POGUE AVE	**City and State:** CINCINNATI OH 45208

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 71	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	100	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	65	94.2	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	85.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	60.9	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	79.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	23	33.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	44.9	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	67	97.1	49.1	50.8
Residents requiring restraints.	42	60.9	43.2	41.3
Confused or disoriented residents.	29	42.0	59.0	58.4
Residents with bed sores.	4	5.8	7.6	7.1
Residents receiving special skin care.	0	0.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHESDA MONTGOMERY CARE CENTER

Street Address: 7777 COOPER ROAD	**City and State:** CINCINNATI OH 45242

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	63.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	90	91.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	85	86.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	78.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	63.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	9	9.2	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	27.6	43.0	37.7
Completely bedfast residents.	1	1.0	3.4	3.4
Residents confined to chairs.	31	31.6	49.1	50.8
Residents requiring restraints.	39	39.8	43.2	41.3
Confused or disoriented residents.	58	59.2	59.0	58.4
Residents with bed sores.	6	6.1	7.6	7.1
Residents receiving special skin care.	27	27.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLUE ASH NURSING CONVALESCENT HOME

Street Address: 4900 COOPER ROAD		**City and State:** CINCINNATI OH 45242	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	**Medicare Residents:** 0	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	74.5	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	69.1	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	55.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	52.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	76.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	44.5	43.0	37.7
Completely bedfast residents.	6	5.5	3.4	3.4
Residents confined to chairs.	45	40.9	49.1	50.8
Residents requiring restraints.	22	20.0	43.2	41.3
Confused or disoriented residents.	67	60.9	59.0	58.4
Residents with bed sores.	1	0.9	7.6	7.1
Residents receiving special skin care.	12	10.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BYRNES CONVALESCENT CTR

Street Address: 2203 FULTON AVE		**City and State:** CINCINNATI OH 45206	
Participation: MEDICAID ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	62.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	32	55.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	57	98.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	36.2	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	53.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	3.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	0	0.0	37.3	39.1
Residents requiring restraints.	30	51.7	36.1	31.7
Confused or disoriented residents.	53	91.4	60.6	55.8
Residents with bed sores.	3	5.2	5.3	4.7
Residents receiving special skin care.	19	32.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHRISTIAN CARE OF CINCINNATI

Street Address: 1067 COMPTON ROAD		**City and State:** CINCINNATI OH 45231	
Participation: MEDICAID ICF	**# of Beds:** 33	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	81.3	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	26	81.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	24	75.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	65.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	8	25.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	46.9	33.9	29.3
Completely bedfast residents.	2	6.3	1.6	3.6
Residents confined to chairs.	11	34.4	37.3	39.1
Residents requiring restraints.	14	43.8	36.1	31.7
Confused or disoriented residents.	25	78.1	60.6	55.8
Residents with bed sores.	2	6.3	5.3	4.7
Residents receiving special skin care.	5	15.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLIFTON CARE CENTER

Street Address: 625 PROBASCO AVE		**City and State:** CINCINNATI OH 45220	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 142	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
135	1	122

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	98.5	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	119	88.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	106	78.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	11.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	66.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	6	4.4	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	40.0	43.0	37.7
Completely bedfast residents.	2	1.5	3.4	3.4
Residents confined to chairs.	97	71.9	49.1	50.8
Residents requiring restraints.	65	48.1	43.2	41.3
Confused or disoriented residents.	82	60.7	59.0	58.4
Residents with bed sores.	29	21.5	7.6	7.1
Residents receiving special skin care.	59	43.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLIFTON VILLA, INC.

Street Address: 515 MELISH AVE		**City and State:** CINCINNATI OH 45229	
Participation: MEDICAID ICF	**# of Beds:** 230	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
36	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	88.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	31	86.1	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	25	69.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	61.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	72.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	55.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	24	66.7	37.3	39.1
Residents requiring restraints.	36	100	36.1	31.7
Confused or disoriented residents.	36	100	60.6	55.8
Residents with bed sores.	36	100	5.3	4.7
Residents receiving special skin care.	3	8.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLOVERNOOK

Street Address: 7025 CLOVERNOOK AVENUE		**City and State:** CINCINNATI OH 45220	
Participation: MEDICARE SNF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
5	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	4	80.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	4	80.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	80.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	100	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	80.0	43.0	37.7
Completely bedfast residents.	1	20.0	3.4	3.4
Residents confined to chairs.	3	60.0	49.1	50.8
Residents requiring restraints.	2	40.0	43.2	41.3
Confused or disoriented residents.	5	100	59.0	58.4
Residents with bed sores.	1	20.0	7.6	7.1
Residents receiving special skin care.	0	0.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COTTINGHAM RETIREMENT COMMUNITY

Street Address: 3995 COTTINGHAM DRIVE		**City and State:** CINCINNATI OH 45241	
Participation: MEDICARE SNF	**# of Beds:** 47	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 3	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	43	91.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	39	83.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	78.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	76.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	4.3	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	25.5	43.0	37.7
Completely bedfast residents.	2	4.3	3.4	3.4
Residents confined to chairs.	18	38.3	49.1	50.8
Residents requiring restraints.	27	57.4	43.2	41.3
Confused or disoriented residents.	29	61.7	59.0	58.4
Residents with bed sores.	8	17.0	7.6	7.1
Residents receiving special skin care.	16	34.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely; deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTVIEW NURSING HOME

Street Address:	**City and State:**
2420 HARRISON AVENUE	CINCINNATI OH 45211

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	140	PROPRIETARY	09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
126	0	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	122	96.8	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	124	98.4	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	96	76.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	74.6	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	100	79.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	50.0	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	59	46.8	49.1	50.8
Residents requiring restraints.	77	61.1	43.2	41.3
Confused or disoriented residents.	92	73.0	59.0	58.4
Residents with bed sores.	3	2.4	7.6	7.1
Residents receiving special skin care.	51	40.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DALY PARK NURSING HOME

Street Address: 6300 DALY ROAD	**City and State:** CINCINNATI OH 45224

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 126	**Medicare Residents:** 0	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	114	90.5	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	108	85.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	102	81.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	73.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	64.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	126	100	43.0	37.7
Completely bedfast residents.	3	2.4	3.4	3.4
Residents confined to chairs.	76	60.3	49.1	50.8
Residents requiring restraints.	57	45.2	43.2	41.3
Confused or disoriented residents.	99	78.6	59.0	58.4
Residents with bed sores.	14	11.1	7.6	7.1
Residents receiving special skin care.	32	25.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEER PARK NURSING HOME

Street Address: 6922 OHIO AVENUE		**City and State:** CINCINNATI OH 45236	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 136	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
122	3	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	77.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	103	84.4	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	79	64.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	73.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	64.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	94	77.0	43.0	37.7
Completely bedfast residents.	1	0.8	3.4	3.4
Residents confined to chairs.	43	35.2	49.1	50.8
Residents requiring restraints.	57	46.7	43.2	41.3
Confused or disoriented residents.	94	77.0	59.0	58.4
Residents with bed sores.	18	14.8	7.6	7.1
Residents receiving special skin care.	11	9.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAST GALBRAITH NURSING HOME INC

Street Address: 3875 E GALBRAITH RD		**City and State:** CINCINNATI OH 45236	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 91	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	2	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	84.5	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	67	79.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	72	85.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	73.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	85.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	48.8	43.0	37.7
Completely bedfast residents.	5	6.0	3.4	3.4
Residents confined to chairs.	30	35.7	49.1	50.8
Residents requiring restraints.	56	66.7	43.2	41.3
Confused or disoriented residents.	73	86.9	59.0	58.4
Residents with bed sores.	10	11.9	7.6	7.1
Residents receiving special skin care.	10	11.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EASTGATE HEALTH CARE CENTER

Street Address: 4400 GLEN WITHAMSVILLE RD		**City and State:** CINCINNATI OH 45245	
Participation: MEDICARE SNF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
45	10	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	88.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	42	93.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	42	93.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	93.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	95.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	64.4	43.0	37.7
Completely bedfast residents.	2	4.4	3.4	3.4
Residents confined to chairs.	2	4.4	49.1	50.8
Residents requiring restraints.	32	71.1	43.2	41.3
Confused or disoriented residents.	23	51.1	59.0	58.4
Residents with bed sores.	9	20.0	7.6	7.1
Residents receiving special skin care.	9	20.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELITE NURSING HOME

Street Address: 965 BURTON AVENUE	**City and State:** CINCINNATI OH 45229

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	69.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	37	86.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	29	67.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	39.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	76.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	32	74.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	7	16.3	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	43	100	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	14	32.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EMPRESS CONV HOME NORTH

Street Address: 2321 UPLAND PLACE		**City and State:** CINCINNATI OH 45206	
Participation: MEDICAID ICF	**# of Beds:** 45	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
32	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	84.4	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	31	96.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	16	50.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	43.8	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	31.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	18.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	1	3.1	37.3	39.1
Residents requiring restraints.	7	21.9	36.1	31.7
Confused or disoriented residents.	32	100	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	6	18.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EMPRESS CONVALESCENT HOME #2

Street Address: 2327 UPLAND PLACE	**City and State:** CINCINNATI OH 45206

Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 22	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	68.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	21	95.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	18	81.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	50.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	45.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	50.0	33.9	29.3
Completely bedfast residents.	2	9.1	1.6	3.6
Residents confined to chairs.	3	13.6	37.3	39.1
Residents requiring restraints.	18	81.8	36.1	31.7
Confused or disoriented residents.	22	100	60.6	55.8
Residents with bed sores.	2	9.1	5.3	4.7
Residents receiving special skin care.	6	27.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRVIEW NURSING HOME

Street Address: 1804 KINNEY AVE		**City and State:** CINCINNATI OH 45207	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	88.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	25	56.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	59.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	45.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	70.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	36.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	8	18.2	37.3	39.1
Residents requiring restraints.	13	29.5	36.1	31.7
Confused or disoriented residents.	40	90.9	60.6	55.8
Residents with bed sores.	2	4.5	5.3	4.7
Residents receiving special skin care.	14	31.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FORESTVIEW

Street Address: 610 FOREST AVENUE		**City and State:** CINCINNATI OH 45229	
Participation: MEDICAID ICF	**# of Beds:** 28	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
23	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	52.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	18	78.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	87.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	43.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	78.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	21.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	3	13.0	37.3	39.1
Residents requiring restraints.	2	8.7	36.1	31.7
Confused or disoriented residents.	21	91.3	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	7	30.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
G A MARTIN NURSING HOME

Street Address: 3603 WASHINGTON AVE	**City and State:** CINCINNATI OH 45229

Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	22	91.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	21	87.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	91.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	87.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	20.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	5	20.8	37.3	39.1
Residents requiring restraints.	5	20.8	36.1	31.7
Confused or disoriented residents.	23	95.8	60.6	55.8
Residents with bed sores.	2	8.3	5.3	4.7
Residents receiving special skin care.	5	20.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARDENVIEW NURSING HOME

Street Address: 3544 WASHINGTON AVENUE	**City and State:** CINCINNATI OH 45229

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 45	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 1	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	88.1	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	40	95.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	22	52.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	85.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	90.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	81.0	43.0	37.7
Completely bedfast residents.	3	7.1	3.4	3.4
Residents confined to chairs.	30	71.4	49.1	50.8
Residents requiring restraints.	16	38.1	43.2	41.3
Confused or disoriented residents.	33	78.6	59.0	58.4
Residents with bed sores.	13	31.0	7.6	7.1
Residents receiving special skin care.	25	59.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLEN MANOR

Street Address: 6969 GLENMEADOW LANE	**City and State:** CINCINNATI OH 45237

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	92.4	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	93	78.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	79	66.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	62.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	70.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	20	16.9	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	51.7	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	22	18.6	49.1	50.8
Residents requiring restraints.	52	44.1	43.2	41.3
Confused or disoriented residents.	72	61.0	59.0	58.4
Residents with bed sores.	4	3.4	7.6	7.1
Residents receiving special skin care.	33	28.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLENCARE CENTER

Street Address: 548 GLENWOOD AVENUE	**City and State:** CINCINNATI OH 45229

Participation: MEDICAID ICF	**# of Beds:** 155	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	60.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	84	91.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	28.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	42.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	6.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	37	40.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	10	10.9	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	61	66.3	60.6	55.8
Residents with bed sores.	3	3.3	5.3	4.7
Residents receiving special skin care.	13	14.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDCREST NURSING HOME

Street Address: 3663 READING RD	**City and State:** CINCINNATI OH 45229

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	95.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	43	95.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	35	77.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	53.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	84.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	15.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	2	4.4	37.3	39.1
Residents requiring restraints.	18	40.0	36.1	31.7
Confused or disoriented residents.	43	95.6	60.6	55.8
Residents with bed sores.	1	2.2	5.3	4.7
Residents receiving special skin care.	1	2.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN AGE RETIREMENT HOME

Street Address: 3635 READING RD	**City and State:** CINCINNATI OH 45229

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	65.2	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	35	76.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	29	63.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	56.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	58.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	39.1	43.0	37.7
Completely bedfast residents.	10	21.7	3.4	3.4
Residents confined to chairs.	20	43.5	49.1	50.8
Residents requiring restraints.	22	47.8	43.2	41.3
Confused or disoriented residents.	27	58.7	59.0	58.4
Residents with bed sores.	5	10.9	7.6	7.1
Residents receiving special skin care.	27	58.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRACE MANOR NURSING HOME

Street Address: 2409 GRANDVIEW AVENUE		**City and State:** CINCINNATI OH 45206	
Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
23	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	73.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	18	78.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	12	52.2	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	82.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	60.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	69.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	11	47.8	37.3	39.1
Residents requiring restraints.	8	34.8	36.1	31.7
Confused or disoriented residents.	14	60.9	60.6	55.8
Residents with bed sores.	2	8.7	5.3	4.7
Residents receiving special skin care.	5	21.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARRISON HOUSE

Street Address: 2171 HARRISON AVE	**City and State:** CINCINNATI OH 45211

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	95.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	87	89.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	86	88.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	78.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	82.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	60.8	43.0	37.7
Completely bedfast residents.	3	3.1	3.4	3.4
Residents confined to chairs.	30	30.9	49.1	50.8
Residents requiring restraints.	51	52.6	43.2	41.3
Confused or disoriented residents.	69	71.1	59.0	58.4
Residents with bed sores.	21	21.6	7.6	7.1
Residents receiving special skin care.	47	48.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLSIDE NURSING HOME, INC.

Street Address: 3539 EDEN AVENUE	**City and State:** CINCINNATI OH 45229

Participation: MEDICAID ICF	**# of Beds:** 67	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	94.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	45	86.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	32	61.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	73.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	44.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	40.4	33.9	29.3
Completely bedfast residents.	4	7.7	1.6	3.6
Residents confined to chairs.	15	28.8	37.3	39.1
Residents requiring restraints.	45	86.5	36.1	31.7
Confused or disoriented residents.	33	63.5	60.6	55.8
Residents with bed sores.	1	1.9	5.3	4.7
Residents receiving special skin care.	18	34.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLTOP NURSING HOME

Street Address: 2586 LAFEUILLE AVE	**City and State:** CINCINNATI OH 45211

Participation: MEDICARE SNF	**# of Beds:** 54	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 21	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	21	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	19	90.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	90.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	90.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	61.9	43.0	37.7
Completely bedfast residents.	2	9.5	3.4	3.4
Residents confined to chairs.	8	38.1	49.1	50.8
Residents requiring restraints.	19	90.5	43.2	41.3
Confused or disoriented residents.	14	66.7	59.0	58.4
Residents with bed sores.	7	33.3	7.6	7.1
Residents receiving special skin care.	7	33.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLVIEW NURSING HOME INC

Street Address:	**City and State:**
2025 WYOMING AVENUE	CINCINNATI OH 45205

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
70	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	98.6	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	95.7	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	61.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	65.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	64.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	24.3	43.0	37.7
Completely bedfast residents.	2	2.9	3.4	3.4
Residents confined to chairs.	43	61.4	49.1	50.8
Residents requiring restraints.	50	71.4	43.2	41.3
Confused or disoriented residents.	46	65.7	59.0	58.4
Residents with bed sores.	9	12.9	7.6	7.1
Residents receiving special skin care.	16	22.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JUDSON VILLAGE

Street Address: 2373 HARRISON AVENUE	**City and State:** CINCINNATI OH 45211

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	77.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	46	93.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	41	83.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	69.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	83.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	40.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	20	40.8	37.3	39.1
Residents requiring restraints.	24	49.0	36.1	31.7
Confused or disoriented residents.	23	46.9	60.6	55.8
Residents with bed sores.	2	4.1	5.3	4.7
Residents receiving special skin care.	14	28.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KENWOOD TERRACE NURSING CENTER INC

Street Address: 8440 MONTGOMERY RD	**City and State:** CINCINNATI OH 45236

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 1	**Medicaid Residents:** 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	89.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	25	89.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	22	78.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	71.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	78.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	7	25.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	50.0	43.0	37.7
Completely bedfast residents.	1	3.6	3.4	3.4
Residents confined to chairs.	9	32.1	49.1	50.8
Residents requiring restraints.	13	46.4	43.2	41.3
Confused or disoriented residents.	5	17.9	59.0	58.4
Residents with bed sores.	3	10.7	7.6	7.1
Residents receiving special skin care.	4	14.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINCOLN AVE & CRAWFORD'S HM FOR AGED

Street Address: 1346 LINCOLN AVE		**City and State:** CINCINNATI OH 45206	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
85	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	52.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	69	81.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	56	65.9	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	82.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	56.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	37	43.5	33.9	29.3
Completely bedfast residents.	3	3.5	1.6	3.6
Residents confined to chairs.	0	0.0	37.3	39.1
Residents requiring restraints.	48	56.5	36.1	31.7
Confused or disoriented residents.	42	49.4	60.6	55.8
Residents with bed sores.	6	7.1	5.3	4.7
Residents receiving special skin care.	16	18.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINDY MANOR NURSING HOME

Street Address: 1153 LINDY ST	**City and State:** CINCINNATI OH 45215

Participation: MEDICAID ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	88.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	63	94.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	40	59.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	58.2	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	56.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	31	46.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	25	37.3	37.3	39.1
Residents requiring restraints.	20	29.9	36.1	31.7
Confused or disoriented residents.	51	76.1	60.6	55.8
Residents with bed sores.	9	13.4	5.3	4.7
Residents receiving special skin care.	16	23.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LLANFAIR TERRACE

Street Address: 1701 LIANFAIR AVENUE	**City and State:** CINCINNATI OH 45224

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	98.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	67	93.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	57	79.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	65.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	75.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	58.3	43.0	37.7
Completely bedfast residents.	2	2.8	3.4	3.4
Residents confined to chairs.	23	31.9	49.1	50.8
Residents requiring restraints.	0	0.0	43.2	41.3
Confused or disoriented residents.	63	87.5	59.0	58.4
Residents with bed sores.	4	5.6	7.6	7.1
Residents receiving special skin care.	22	30.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MADERIA NURSING INC

Street Address: 6940 STIEGLER LANE	**City and State:** CINCINNATI OH 45243

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	90.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	28	87.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	21	65.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	53.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	34.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	31.3	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	17	53.1	49.1	50.8
Residents requiring restraints.	10	31.3	43.2	41.3
Confused or disoriented residents.	21	65.6	59.0	58.4
Residents with bed sores.	2	6.3	7.6	7.1
Residents receiving special skin care.	8	25.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOR CARE NH

Street Address: 2250 BANNING RD		**City and State:** CINCINNATI OH 45239	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 151	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
52	1	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	98.1	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	96.2	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	82.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	71.2	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	84.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	57.7	43.0	37.7
Completely bedfast residents.	5	9.6	3.4	3.4
Residents confined to chairs.	22	42.3	49.1	50.8
Residents requiring restraints.	15	28.8	43.2	41.3
Confused or disoriented residents.	41	78.8	59.0	58.4
Residents with bed sores.	12	23.1	7.6	7.1
Residents receiving special skin care.	9	17.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOR CARE WOODSIDE

Street Address: 5970 KENWOOD RD	**City and State:** CINCINNATI OH 45243

Participation: MEDICARE SNF	**# of Beds:** 156	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 8	**Medicare Residents:** 3	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	7	87.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	8	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	62.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	75.0	43.0	37.7
Completely bedfast residents.	2	25.0	3.4	3.4
Residents confined to chairs.	2	25.0	49.1	50.8
Residents requiring restraints.	3	37.5	43.2	41.3
Confused or disoriented residents.	4	50.0	59.0	58.4
Residents with bed sores.	3	37.5	7.6	7.1
Residents receiving special skin care.	3	37.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLE KNOLL VILLAGE

Street Address: 11100 SPRINGFIELD PIKE	**City and State:** CINCINNATI OH 45246

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 174	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 165	**Medicare Residents:** 0	**Medicaid Residents:** 105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	130	78.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	156	94.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	108	65.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	78.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	38.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	16	9.7	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	84	50.9	43.0	37.7
Completely bedfast residents.	4	2.4	3.4	3.4
Residents confined to chairs.	59	35.8	49.1	50.8
Residents requiring restraints.	44	26.7	43.2	41.3
Confused or disoriented residents.	68	41.2	59.0	58.4
Residents with bed sores.	4	2.4	7.6	7.1
Residents receiving special skin care.	22	13.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARJORIE P LEE

Street Address: 3550 SHAW AVENUE	**City and State:** CINCINNATI OH 45208

Participation: MEDICAID ICF	**# of Beds:** 72	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	92.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	60	93.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	55	85.9	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	43.8	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	92.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	39	60.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	32	50.0	37.3	39.1
Residents requiring restraints.	56	87.5	36.1	31.7
Confused or disoriented residents.	50	78.1	60.6	55.8
Residents with bed sores.	4	6.3	5.3	4.7
Residents receiving special skin care.	10	15.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT HEALTHY CHRISTIAN HOME

Street Address: 8097 HAMILTON AVE		**City and State:** CINCINNATI OH 45231	
Participation: MEDICAID ICF	**# of Beds:** 64	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
55	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	98.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	53	96.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	50	90.9	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	85.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	85.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	41.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	34	61.8	37.3	39.1
Residents requiring restraints.	35	63.6	36.1	31.7
Confused or disoriented residents.	35	63.6	60.6	55.8
Residents with bed sores.	5	9.1	5.3	4.7
Residents receiving special skin care.	30	54.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT WASHINGTON CARE CTR

Street Address: 6900 BEECHMONT AVE	**City and State:** CINCINNATI OH 45230

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 145	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 129	**Medicare Residents:** 0	**Medicaid Residents:** 77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	38.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	106	82.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	91	70.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	62.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	45.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.3	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	20.9	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	59	45.7	49.1	50.8
Residents requiring restraints.	43	33.3	43.2	41.3
Confused or disoriented residents.	68	52.7	59.0	58.4
Residents with bed sores.	6	4.7	7.6	7.1
Residents receiving special skin care.	6	4.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK PAVILION NURSING HOME

Street Address: 510 OAK STREET		**City and State:** CINCINNATI OH 45219	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	89.6	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	97.9	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	89.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	83.3	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	91.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	50.0	43.0	37.7
Completely bedfast residents.	4	8.3	3.4	3.4
Residents confined to chairs.	39	81.3	49.1	50.8
Residents requiring restraints.	10	20.8	43.2	41.3
Confused or disoriented residents.	37	77.1	59.0	58.4
Residents with bed sores.	14	29.2	7.6	7.1
Residents receiving special skin care.	21	43.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKSIDE NURSING HOME, INC.

Street Address: 3545 EDEN AVE	**City and State:** CINCINNATI OH 45229

Participation: MEDICAID ICF	**# of Beds:** 55	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	84.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	40	87.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	56.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	67.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	63.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	9	19.6	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	17.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	15	32.6	37.3	39.1
Residents requiring restraints.	18	39.1	36.1	31.7
Confused or disoriented residents.	46	100	60.6	55.8
Residents with bed sores.	4	8.7	5.3	4.7
Residents receiving special skin care.	18	39.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKVIEW NURSING HOME

Street Address: 618 FOREST AVE		**City and State:** CINCINNATI OH 45229	
Participation: MEDICAID ICF	**# of Beds:** 27	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
24	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	66.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	21	87.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	11	45.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	41.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	62.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	9	37.5	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	12.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	6	25.0	37.3	39.1
Residents requiring restraints.	5	20.8	36.1	31.7
Confused or disoriented residents.	21	87.5	60.6	55.8
Residents with bed sores.	1	4.2	5.3	4.7
Residents receiving special skin care.	4	16.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ORTHODOX JEWISH HOME FOR THE AGED

Street Address: 1171 TOWNE AVENUE	**City and State:** CINCINNATI OH 45216

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 172	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 156	**Medicare Residents:** 0	**Medicaid Residents:** 95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	72.4	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	115	73.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	98	62.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	82.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	65.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	9	5.8	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	115	73.7	43.0	37.7
Completely bedfast residents.	2	1.3	3.4	3.4
Residents confined to chairs.	39	25.0	49.1	50.8
Residents requiring restraints.	24	15.4	43.2	41.3
Confused or disoriented residents.	97	62.2	59.0	58.4
Residents with bed sores.	10	6.4	7.6	7.1
Residents receiving special skin care.	10	6.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRICE HILL NURSING HOME

Street Address: 584 ELBERON AVENUE	**City and State:** CINCINNATI OH 45205

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	97.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	45	97.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	31	67.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	58.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	67.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	5	10.9	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	17.4	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	17	37.0	49.1	50.8
Residents requiring restraints.	25	54.3	43.2	41.3
Confused or disoriented residents.	26	56.5	59.0	58.4
Residents with bed sores.	7	15.2	7.6	7.1
Residents receiving special skin care.	29	63.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
QUEEN CITY NURSING HOME

Street Address: 400 FOREST AVE		**City and State:** CINCINNATI OH 45229	
Participation: MEDICAID ICF	**# of Beds:** 37	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
34	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	85.3	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	25	73.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	14	41.2	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	35.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	7	20.6	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	55.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	2	5.9	37.3	39.1
Residents requiring restraints.	4	11.8	36.1	31.7
Confused or disoriented residents.	28	82.4	60.6	55.8
Residents with bed sores.	3	8.8	5.3	4.7
Residents receiving special skin care.	5	14.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RED HAVEN NURSING HOME

Street Address: 751 GREENWOOD AVE		**City and State:** CINCINNATI OH 45229	
Participation: MEDICAID ICF	**# of Beds:** 31	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
27	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	29.6	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	24	88.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	14	51.9	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	100	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	59.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	7	25.9	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	44.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	4	14.8	37.3	39.1
Residents requiring restraints.	19	70.4	36.1	31.7
Confused or disoriented residents.	24	88.9	60.6	55.8
Residents with bed sores.	5	18.5	5.3	4.7
Residents receiving special skin care.	7	25.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RED HAVEN NURSING HOME

Street Address: 751 GREENWOOD AVE		**City and State:** CINCINNATI OH 45229	
Participation: MEDICAID ICF	**# of Beds:** 31	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
29	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	58.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	22	75.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	18	62.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	44.8	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	58.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	8	27.6	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	48.3	33.9	29.3
Completely bedfast residents.	1	3.4	1.6	3.6
Residents confined to chairs.	10	34.5	37.3	39.1
Residents requiring restraints.	13	44.8	36.1	31.7
Confused or disoriented residents.	17	58.6	60.6	55.8
Residents with bed sores.	2	6.9	5.3	4.7
Residents receiving special skin care.	10	34.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RESTVIEW NURSING HOME

Street Address: 3550 WASHINGTON AVENUE	**City and State:** CINCINNATI OH 45229

Participation: MEDICAID ICF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	74.3	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	31	88.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	28	80.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	74.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	80.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	8	22.9	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	71.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	26	74.3	37.3	39.1
Residents requiring restraints.	20	57.1	36.1	31.7
Confused or disoriented residents.	29	82.9	60.6	55.8
Residents with bed sores.	2	5.7	5.3	4.7
Residents receiving special skin care.	14	40.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERVIEW HOME

Street Address: 5999 BENDER ROAD		**City and State:** CINCINNATI OH 45233	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	94.6	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	94.6	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	75.3	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	78.5	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	72.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	55.9	43.0	37.7
Completely bedfast residents.	1	1.1	3.4	3.4
Residents confined to chairs.	23	24.7	49.1	50.8
Residents requiring restraints.	34	36.6	43.2	41.3
Confused or disoriented residents.	79	84.9	59.0	58.4
Residents with bed sores.	4	4.3	7.6	7.1
Residents receiving special skin care.	49	52.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SALEM PARK NURSING HOME

Street Address: 6128 SALEM RD	**City and State:** CINCINNATI OH 45230

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 107	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	89.4	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	73	70.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	94	90.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	83.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	79.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	39.4	43.0	37.7
Completely bedfast residents.	10	9.6	3.4	3.4
Residents confined to chairs.	33	31.7	49.1	50.8
Residents requiring restraints.	89	85.6	43.2	41.3
Confused or disoriented residents.	52	50.0	59.0	58.4
Residents with bed sores.	5	4.8	7.6	7.1
Residents receiving special skin care.	8	7.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST LUKE CENTER OF HYDE PARK

Street Address: 3901 BROTHERTON RD	**City and State:** CINCINNATI OH 45209

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 140	**Medicare Residents:** 0	**Medicaid Residents:** 110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	118	84.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	123	87.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	107	76.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	68.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	98	70.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	37.9	43.0	37.7
Completely bedfast residents.	4	2.9	3.4	3.4
Residents confined to chairs.	75	53.6	49.1	50.8
Residents requiring restraints.	28	20.0	43.2	41.3
Confused or disoriented residents.	93	66.4	59.0	58.4
Residents with bed sores.	11	7.9	7.6	7.1
Residents receiving special skin care.	30	21.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST THERESA HOME

Street Address: 6760 BELKENTON PLACE	**City and State:** CINCINNATI OH 45236

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	94.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	27	73.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	28	75.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	91.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	73.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	45.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	8	21.6	37.3	39.1
Residents requiring restraints.	16	43.2	36.1	31.7
Confused or disoriented residents.	29	78.4	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	12	32.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST. MARGARET HALL

Street Address: 1960 MADISON ROAD	**City and State:** CINCINNATI OH 45206

Participation: MEDICAID ICF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	95.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	90	94.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	89	93.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	94.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	87.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	62	65.3	33.9	29.3
Completely bedfast residents.	2	2.1	1.6	3.6
Residents confined to chairs.	69	72.6	37.3	39.1
Residents requiring restraints.	38	40.0	36.1	31.7
Confused or disoriented residents.	69	72.6	60.6	55.8
Residents with bed sores.	5	5.3	5.3	4.7
Residents receiving special skin care.	71	74.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUMMIT NURS + CONV HME INC

Street Address: 2586 LAFEUILLE AVE		**City and State:** CINCINNATI OH 45211	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 165	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
158	1	147

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	147	93.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	142	89.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	137	86.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	74.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	128	81.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	69	43.7	43.0	37.7
Completely bedfast residents.	13	8.2	3.4	3.4
Residents confined to chairs.	93	58.9	49.1	50.8
Residents requiring restraints.	56	35.4	43.2	41.3
Confused or disoriented residents.	114	72.2	59.0	58.4
Residents with bed sores.	11	7.0	7.6	7.1
Residents receiving special skin care.	54	34.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE WASHINGTON

Street Address: 3615 WASHINGTON AVENUE	**City and State:** CINCINNATI OH 45229

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 55	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	81.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	40	83.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	35	72.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	83.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	68.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	4	8.3	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	35.4	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	30	62.5	49.1	50.8
Residents requiring restraints.	19	39.6	43.2	41.3
Confused or disoriented residents.	21	43.8	59.0	58.4
Residents with bed sores.	16	33.3	7.6	7.1
Residents receiving special skin care.	22	45.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THREE RIVERS CONV CENTER

Street Address: 7800 JANDARACRES DR	**City and State:** CINCINNATI OH 45248

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 169	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 161	**Medicare Residents:** 3	**Medicaid Residents:** 99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	154	95.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	138	85.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	121	75.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	76.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	72.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	75	46.6	43.0	37.7
Completely bedfast residents.	2	1.2	3.4	3.4
Residents confined to chairs.	76	47.2	49.1	50.8
Residents requiring restraints.	81	50.3	43.2	41.3
Confused or disoriented residents.	87	54.0	59.0	58.4
Residents with bed sores.	9	5.6	7.6	7.1
Residents receiving special skin care.	49	30.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TWIN TOWERS

Street Address: 5343 HAMILTON AVENUE	**City and State:** CINCINNATI OH 45224

Participation: MEDICAID ICF	**# of Beds:** 136	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 134	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	106	79.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	117	87.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	78	58.2	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	54.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	53.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	2	1.5	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	38	28.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	40	29.9	37.3	39.1
Residents requiring restraints.	21	15.7	36.1	31.7
Confused or disoriented residents.	88	65.7	60.6	55.8
Residents with bed sores.	7	5.2	5.3	4.7
Residents receiving special skin care.	55	41.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESLEY HALL

Street Address: 315 LILIENTHAL ST	**City and State:** CINCINNATI OH 45204

Participation: MEDICAID ICF	**# of Beds:** 128	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 124	**Medicare Residents:** 0	**Medicaid Residents:** 119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	87.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	98	79.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	92	74.2	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	62.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	66.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	37	29.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	55	44.4	37.3	39.1
Residents requiring restraints.	58	46.8	36.1	31.7
Confused or disoriented residents.	83	66.9	60.6	55.8
Residents with bed sores.	12	9.7	5.3	4.7
Residents receiving special skin care.	85	68.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST HILLS NURSING HOME

Street Address: 2841 HARRISON AVE		**City and State:** CINCINNATI OH 45211	
Participation: MEDICAID ICF	**# of Beds:** 46	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
42	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	92.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	38	90.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	64.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	76.2	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	78.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	42.9	33.9	29.3
Completely bedfast residents.	32	76.2	1.6	3.6
Residents confined to chairs.	10	23.8	37.3	39.1
Residents requiring restraints.	27	64.3	36.1	31.7
Confused or disoriented residents.	36	85.7	60.6	55.8
Residents with bed sores.	2	4.8	5.3	4.7
Residents receiving special skin care.	11	26.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST PARK CARE CENTER

Street Address: 2950 WEST PARK DRIVE	**City and State:** CINCINNATI OH 45238

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	74.2	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	78	83.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	72	77.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	60.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	72.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	22	23.7	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	35.5	43.0	37.7
Completely bedfast residents.	2	2.2	3.4	3.4
Residents confined to chairs.	15	16.1	49.1	50.8
Residents requiring restraints.	63	67.7	43.2	41.3
Confused or disoriented residents.	54	58.1	59.0	58.4
Residents with bed sores.	5	5.4	7.6	7.1
Residents receiving special skin care.	7	7.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST SIDE HEALTH CARE CTR

Street Address: 1857 GRAND AVE		**City and State:** CINCINNATI OH 45214	
Participation: MEDICAID ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	80.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	44	77.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	38	66.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	63.2	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	57.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	26.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	20	35.1	37.3	39.1
Residents requiring restraints.	13	22.8	36.1	31.7
Confused or disoriented residents.	39	68.4	60.6	55.8
Residents with bed sores.	1	1.8	5.3	4.7
Residents receiving special skin care.	6	10.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTERN HILLS CARE CENTER

Street Address: 6210 CLEVES WARSAW PIKE (HAMILTON CO.)		**City and State:** CINCINNATI OH 45238	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
66	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	93.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	58	87.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	54	81.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	66.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	87.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	3.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	39.4	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	19	28.8	49.1	50.8
Residents requiring restraints.	25	37.9	43.2	41.3
Confused or disoriented residents.	27	40.9	59.0	58.4
Residents with bed sores.	6	9.1	7.6	7.1
Residents receiving special skin care.	25	37.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTSIDE HEALTH CARE CENTER

Street Address: 1857 GRAND AVE		**City and State:** CINCINNATI OH 45214	
Participation: MEDICAID ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
70	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	60.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	49	70.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	38.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	91.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	47.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	22	31.4	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	11.4	33.9	29.3
Completely bedfast residents.	1	1.4	1.6	3.6
Residents confined to chairs.	7	10.0	37.3	39.1
Residents requiring restraints.	8	11.4	36.1	31.7
Confused or disoriented residents.	47	67.1	60.6	55.8
Residents with bed sores.	3	4.3	5.3	4.7
Residents receiving special skin care.	6	8.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINDSOR PARK NRUSING HOME

Street Address:	**City and State:**
2245 PARK AVE	CINCINNATI OH 45206

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	49	PROPRIETARY	01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
45	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	80.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	43	95.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	37	82.2	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	77.8	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	82.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	11	24.4	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	35.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	13	28.9	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	26	57.8	60.6	55.8
Residents with bed sores.	10	22.2	5.3	4.7
Residents receiving special skin care.	36	80.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ZION NSG HM

Street Address: 3610 WASHINGTON AVE		**City and State:** CINCINNATI OH 45229	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	83.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	47	100	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	39	83.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	51.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	85.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	13	27.7	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	23.4	33.9	29.3
Completely bedfast residents.	1	2.1	1.6	3.6
Residents confined to chairs.	20	42.6	37.3	39.1
Residents requiring restraints.	12	25.5	36.1	31.7
Confused or disoriented residents.	47	100	60.6	55.8
Residents with bed sores.	7	14.9	5.3	4.7
Residents receiving special skin care.	3	6.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICARE CIRCLEVILLE NRSG & REHAB CTR

Street Address: 1155 ATWATER AVENUE		**City and State:** CIRCLEVILLE OH 43113	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
16	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	16	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	16	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	100	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	68.8	43.0	37.7
Completely bedfast residents.	2	12.5	3.4	3.4
Residents confined to chairs.	14	87.5	49.1	50.8
Residents requiring restraints.	5	31.3	43.2	41.3
Confused or disoriented residents.	9	56.3	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	7	43.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROWN MEMORIAL HOME INC

Street Address: 158 EAST MOUND STREET	**City and State:** CIRCLEVILLE OH 43113

Participation: MEDICAID ICF	**# of Beds:** 35	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	32	97.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	23	69.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	69.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	63.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	3	9.1	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	36.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	21	63.6	37.3	39.1
Residents requiring restraints.	17	51.5	36.1	31.7
Confused or disoriented residents.	19	57.6	60.6	55.8
Residents with bed sores.	3	9.1	5.3	4.7
Residents receiving special skin care.	4	12.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOGAN ELM HEALTH CARE CENTER

Street Address: 370 TARLTON RD		**City and State:** CIRCLEVILLE OH 43113	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	4	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	84.5	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	77	79.4	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	71	73.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	68.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	63.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	6	6.2	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	23.7	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	58	59.8	49.1	50.8
Residents requiring restraints.	33	34.0	43.2	41.3
Confused or disoriented residents.	51	52.6	59.0	58.4
Residents with bed sores.	17	17.5	7.6	7.1
Residents receiving special skin care.	82	84.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PICKAWAY MANOR CARE CTR

Street Address: 391 CLARK DRIVE		**City and State:** CIRCLEVILLE OH 43113	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	69.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	87	87.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	67	67.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	58.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	69.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	16	16.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	71	71.0	43.0	37.7
Completely bedfast residents.	6	6.0	3.4	3.4
Residents confined to chairs.	37	37.0	49.1	50.8
Residents requiring restraints.	28	28.0	43.2	41.3
Confused or disoriented residents.	74	74.0	59.0	58.4
Residents with bed sores.	3	3.0	7.6	7.1
Residents receiving special skin care.	21	21.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WALNUT MANOR CARE CENTER

Street Address: 11017 MAIN ST		**City and State:** CLARKSBURG OH 43115	
Participation: MEDICAID ICF	**# of Beds:** 22	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 21	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	81.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	15	71.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	4	19.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	28.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	38.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	8	38.1	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	19.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	4	19.0	37.3	39.1
Residents requiring restraints.	4	19.0	36.1	31.7
Confused or disoriented residents.	5	23.8	60.6	55.8
Residents with bed sores.	1	4.8	5.3	4.7
Residents receiving special skin care.	3	14.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JUDSON PARK

Street Address: 1801 CHESTNUT HILLS DRIVE	**City and State:** CLEVELAND HEIGHTS OH 44106

Participation: MEDICAID ICF	**# of Beds:** 93	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	75.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	69	76.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	71	78.9	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	72.2	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	78.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	43	47.8	33.9	29.3
Completely bedfast residents.	1	1.1	1.6	3.6
Residents confined to chairs.	16	17.8	37.3	39.1
Residents requiring restraints.	42	46.7	36.1	31.7
Confused or disoriented residents.	66	73.3	60.6	55.8
Residents with bed sores.	4	4.4	5.3	4.7
Residents receiving special skin care.	29	32.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARGARET WAGNER HOUSE

Street Address: 2373 EUCLID HEIGHTS BLVD	**City and State:** CLEVELAND HEIGHTS OH 44106

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 184	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 155	**Medicare Residents:** 0	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	71.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	133	85.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	108	69.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	67.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	99	63.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	32.9	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	91	58.7	49.1	50.8
Residents requiring restraints.	76	49.0	43.2	41.3
Confused or disoriented residents.	80	51.6	59.0	58.4
Residents with bed sores.	15	9.7	7.6	7.1
Residents receiving special skin care.	17	11.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONTEFIORE HOME

Street Address: 3151 MAYFIELD RD	**City and State:** CLEVELAND HEIGHTS OH 44118

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 174	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 169	**Medicare Residents:** 42	**Medicaid Residents:** 118

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	164	97.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	165	97.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	126	74.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	169	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	105	62.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	110	65.1	43.0	37.7
Completely bedfast residents.	4	2.4	3.4	3.4
Residents confined to chairs.	87	51.5	49.1	50.8
Residents requiring restraints.	102	60.4	43.2	41.3
Confused or disoriented residents.	98	58.0	59.0	58.4
Residents with bed sores.	13	7.7	7.6	7.1
Residents receiving special skin care.	35	20.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WHITECLIFF MANOR

Street Address: 12504 CEDAR ROAD	**City and State:** CLEVELAND HEIGHTS OH 44106

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 131	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 0	**Medicaid Residents:** 104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	77.5	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	103	85.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	84	70.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	80.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	65.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	19	15.8	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	18.3	43.0	37.7
Completely bedfast residents.	3	2.5	3.4	3.4
Residents confined to chairs.	51	42.5	49.1	50.8
Residents requiring restraints.	44	36.7	43.2	41.3
Confused or disoriented residents.	53	44.2	59.0	58.4
Residents with bed sores.	5	4.2	7.6	7.1
Residents receiving special skin care.	9	7.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALGART HEALTH CARE INC

Street Address: 8902 DETROIT AVENUE	**City and State:** CLEVELAND OH 44102

Participation: MEDICAID ICF	**# of Beds:** 54	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	81.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	47	88.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	38	71.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	75.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	26	49.1	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	22.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	35	66.0	37.3	39.1
Residents requiring restraints.	29	54.7	36.1	31.7
Confused or disoriented residents.	39	73.6	60.6	55.8
Residents with bed sores.	1	1.9	5.3	4.7
Residents receiving special skin care.	14	26.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMASA STONE HOUSE

Street Address: 975 EAST BLVD		**City and State:** CLEVELAND OH 44108	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	65.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	31	67.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	15	32.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	32.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	18	39.1	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	21.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	6	13.0	37.3	39.1
Residents requiring restraints.	12	26.1	36.1	31.7
Confused or disoriented residents.	23	50.0	60.6	55.8
Residents with bed sores.	2	4.3	5.3	4.7
Residents receiving special skin care.	7	15.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARISTOCRAT WEST

Street Address: 4387 W 150TH STREET	**City and State:** CLEVELAND OH 44135

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 1	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	61.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	100	83.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	95	79.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	69.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	44.2	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	90	75.0	49.1	50.8
Residents requiring restraints.	59	49.2	43.2	41.3
Confused or disoriented residents.	77	64.2	59.0	58.4
Residents with bed sores.	8	6.7	7.6	7.1
Residents receiving special skin care.	34	28.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BALDWIN MANOR NURSING HOME

Street Address: 2437 BALDWIN ROAD		**City and State:** CLEVELAND OH 44104	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	93.6	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	93.6	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	93.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	48.9	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	70.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	19	40.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	25.5	43.0	37.7
Completely bedfast residents.	5	10.6	3.4	3.4
Residents confined to chairs.	18	38.3	49.1	50.8
Residents requiring restraints.	18	38.3	43.2	41.3
Confused or disoriented residents.	37	78.7	59.0	58.4
Residents with bed sores.	5	10.6	7.6	7.1
Residents receiving special skin care.	2	4.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARNEGIE CARE CTR

Street Address: 8800 CARNEGIE AVENUE	**City and State:** CLEVELAND OH 44106

Participation: MEDICAID ICF	**# of Beds:** 220	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 220	**Medicare Residents:** 0	**Medicaid Residents:** 220

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	125	56.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	155	70.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	120	54.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	65.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	126	57.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	126	57.3	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	61	27.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	50	22.7	37.3	39.1
Residents requiring restraints.	45	20.5	36.1	31.7
Confused or disoriented residents.	123	55.9	60.6	55.8
Residents with bed sores.	7	3.2	5.3	4.7
Residents receiving special skin care.	75	34.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLEVELAND GOLDEN AGE

Street Address: 928 EAST 152ND STREET	**City and State:** CLEVELAND OH 44110

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	67.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	71	76.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	59	63.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	79.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	55.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	32	34.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	34	36.6	37.3	39.1
Residents requiring restraints.	33	35.5	36.1	31.7
Confused or disoriented residents.	40	43.0	60.6	55.8
Residents with bed sores.	4	4.3	5.3	4.7
Residents receiving special skin care.	4	4.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNICARE NURSING CENTER

Street Address: 2415 EAST 55TH ST		**City and State:** CLEVELAND OH 44104	
Participation: MEDICAID ICF	**# of Beds:** 155	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
139	0	138

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	79.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	129	92.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	89	64.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	55.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	56.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	17.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	55	39.6	37.3	39.1
Residents requiring restraints.	23	16.5	36.1	31.7
Confused or disoriented residents.	120	86.3	60.6	55.8
Residents with bed sores.	6	4.3	5.3	4.7
Residents receiving special skin care.	19	13.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONCORD MANOR

Street Address: 1877 E 82ND ST	**City and State:** CLEVELAND OH 44103

Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	77.4	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	28	90.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	22	71.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	74.2	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	51.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	22.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	11	35.5	37.3	39.1
Residents requiring restraints.	6	19.4	36.1	31.7
Confused or disoriented residents.	14	45.2	60.6	55.8
Residents with bed sores.	1	3.2	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self–help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CUYAHOGA COUNTY NURSING HOME

Street Address: 3305 FRANKLIN BLVD	**City and State:** CLEVELAND OH 44113

Participation: MEDICAID ICF	**# of Beds:** 177	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 169	**Medicare Residents:** 0	**Medicaid Residents:** 166

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	140	82.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	151	89.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	148	87.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	78.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	153	90.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	131	77.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	109	64.5	37.3	39.1
Residents requiring restraints.	72	42.6	36.1	31.7
Confused or disoriented residents.	75	44.4	60.6	55.8
Residents with bed sores.	2	1.2	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELIZA BRYANT CENTER

Street Address: 7201 WADE PARK		**City and State:** CLEVELAND OH 44103	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	0	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	82.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	88	92.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	70	73.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	82.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	72.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	21.1	33.9	29.3
Completely bedfast residents.	2	2.1	1.6	3.6
Residents confined to chairs.	24	25.3	37.3	39.1
Residents requiring restraints.	24	25.3	36.1	31.7
Confused or disoriented residents.	13	13.7	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	15	15.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EUCLID MANOR NURSING HOME

Street Address: 17322 EUCLID AVENUE	**City and State:** CLEVELAND OH 44112

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 174	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 161	**Medicare Residents:** 2	**Medicaid Residents:** 153

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	121	75.2	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	122	75.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	108	67.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	65.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	64.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	31.1	43.0	37.7
Completely bedfast residents.	3	1.9	3.4	3.4
Residents confined to chairs.	90	55.9	49.1	50.8
Residents requiring restraints.	63	39.1	43.2	41.3
Confused or disoriented residents.	108	67.1	59.0	58.4
Residents with bed sores.	20	12.4	7.6	7.1
Residents receiving special skin care.	96	59.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOREST HILLS NURSING HOME INC

Street Address: 736 LAKEVIEW ROAD	**City and State:** CLEVELAND OH 44108

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 252	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 181	**Medicare Residents:** 1	**Medicaid Residents:** 172

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	164	90.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	150	82.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	115	63.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	64.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	110	60.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	29.3	43.0	37.7
Completely bedfast residents.	9	5.0	3.4	3.4
Residents confined to chairs.	89	49.2	49.1	50.8
Residents requiring restraints.	57	31.5	43.2	41.3
Confused or disoriented residents.	150	82.9	59.0	58.4
Residents with bed sores.	20	11.0	7.6	7.1
Residents receiving special skin care.	31	17.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANKLIN PLAZA

Street Address: 3600 FRANKLIN BLVD		**City and State:** CLEVELAND OH 44113	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 227	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 4	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	86.1	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	35	97.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	32	88.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	83.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	83.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	63.9	43.0	37.7
Completely bedfast residents.	1	2.8	3.4	3.4
Residents confined to chairs.	29	80.6	49.1	50.8
Residents requiring restraints.	21	58.3	43.2	41.3
Confused or disoriented residents.	28	77.8	59.0	58.4
Residents with bed sores.	4	11.1	7.6	7.1
Residents receiving special skin care.	19	52.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GERI-CARE INC

Street Address: 2438 MAPLESIDE RD		**City and State:** CLEVELAND OH 44104	
Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
34	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	97.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	33	97.1	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	79.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	52.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	79.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	26	76.5	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	5.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	0	0.0	37.3	39.1
Residents requiring restraints.	9	26.5	36.1	31.7
Confused or disoriented residents.	33	97.1	60.6	55.8
Residents with bed sores.	1	2.9	5.3	4.7
Residents receiving special skin care.	4	11.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INNER CITY NURSING HOME

Street Address: 9014 CEDAR AVENUE		**City and State:** CLEVELAND OH 44106	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	87.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	43	93.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	42	91.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	87.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	93.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	26.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	20	43.5	37.3	39.1
Residents requiring restraints.	13	28.3	36.1	31.7
Confused or disoriented residents.	36	78.3	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	2	4.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKE SHORE NURSING CENTER

Street Address: 16101 LAKE SHORE BLVD	**City and State:** CLEVELAND OH 44110

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 202	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	**Medicare Residents:** 0	**Medicaid Residents:** 10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	77.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	18	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	18	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	100	67.5	68.2
Residents on individually written bowel and bladder retraining program.	6	33.3	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	33.3	43.0	37.7
Completely bedfast residents.	3	16.7	3.4	3.4
Residents confined to chairs.	13	72.2	49.1	50.8
Residents requiring restraints.	9	50.0	43.2	41.3
Confused or disoriented residents.	18	100	59.0	58.4
Residents with bed sores.	9	50.0	7.6	7.1
Residents receiving special skin care.	9	50.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAUB PAVILION

Street Address: 10603 DETROIT AVE	**City and State:** CLEVELAND OH 44102

Participation: MEDICAID ICF	**# of Beds:** 131	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	90.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	97	81.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	84	70.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	89.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	63.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	31	26.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	52	43.7	37.3	39.1
Residents requiring restraints.	44	37.0	36.1	31.7
Confused or disoriented residents.	81	68.1	60.6	55.8
Residents with bed sores.	3	2.5	5.3	4.7
Residents receiving special skin care.	10	8.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAUB PAVILION

Street Address: 10603 DETROIT AVE	**City and State:** CLEVELAND OH 44102

Participation: MEDICAID ICF	**# of Beds:** 131	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	80.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	103	87.3	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	93	78.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	100	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	77.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	41.5	33.9	29.3
Completely bedfast residents.	13	11.0	1.6	3.6
Residents confined to chairs.	50	42.4	37.3	39.1
Residents requiring restraints.	44	37.3	36.1	31.7
Confused or disoriented residents.	68	57.6	60.6	55.8
Residents with bed sores.	8	6.8	5.3	4.7
Residents receiving special skin care.	15	12.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LITTLE SISTERS OF THE POOR

Street Address: 4291 RICHMOND RD		**City and State:** CLEVELAND OH 44122	
Participation: MEDICAID ICF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
69	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	6	8.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	65	94.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	48	69.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	73.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	88.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	30	43.5	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	28	40.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	42	60.9	37.3	39.1
Residents requiring restraints.	26	37.7	36.1	31.7
Confused or disoriented residents.	33	47.8	60.6	55.8
Residents with bed sores.	2	2.9	5.3	4.7
Residents receiving special skin care.	28	40.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MADONNA HALL

Street Address: 1906 EAST 82ND ST	**City and State:** CLEVELAND OH 44103

Participation: MEDICAID ICF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	74.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	66	72.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	54	59.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	65.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	51.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	22.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	11	12.1	37.3	39.1
Residents requiring restraints.	38	41.8	36.1	31.7
Confused or disoriented residents.	88	96.7	60.6	55.8
Residents with bed sores.	2	2.2	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOR CARE NURSING CENTER

Street Address: 4102 ROCKY RIVER DR	**City and State:** CLEVELAND OH 44135

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 210	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 178	**Medicare Residents:** 0	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	131	73.6	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	139	78.1	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	128	71.9	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	142	79.8	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	129	72.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	5	2.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	25.8	43.0	37.7
Completely bedfast residents.	9	5.1	3.4	3.4
Residents confined to chairs.	110	61.8	49.1	50.8
Residents requiring restraints.	80	44.9	43.2	41.3
Confused or disoriented residents.	102	57.3	59.0	58.4
Residents with bed sores.	22	12.4	7.6	7.1
Residents receiving special skin care.	45	25.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARIETTA MANOR

Street Address: 694 E 109TH STREET	**City and State:** CLEVELAND OH 44108

Participation: MEDICAID ICF	**# of Beds:** 17	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	**Medicare Residents:** 0	**Medicaid Residents:** 1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	70.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	12	70.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	70.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	76.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	13	76.5	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	17.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	3	17.6	37.3	39.1
Residents requiring restraints.	6	35.3	36.1	31.7
Confused or disoriented residents.	13	76.5	60.6	55.8
Residents with bed sores.	1	5.9	5.3	4.7
Residents receiving special skin care.	4	23.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARY LOUISE NH

Street Address: 670 LAKEVIEW RD	**City and State:** CLEVELAND OH 44108

Participation: MEDICAID ICF	**# of Beds:** 11	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 10	**Medicare Residents:** 0	**Medicaid Residents:** 9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	7	70.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	8	80.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	6	60.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	90.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	50.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	30.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	2	20.0	37.3	39.1
Residents requiring restraints.	2	20.0	36.1	31.7
Confused or disoriented residents.	2	20.0	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	1	10.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDICARE NURSING HOMES INC

Street Address: 18220 EUCLID AVENUE		**City and State:** CLEVELAND OH 44112	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	64.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	37	74.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	30	60.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	72.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	70.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	36.0	43.0	37.7
Completely bedfast residents.	1	2.0	3.4	3.4
Residents confined to chairs.	35	70.0	49.1	50.8
Residents requiring restraints.	30	60.0	43.2	41.3
Confused or disoriented residents.	25	50.0	59.0	58.4
Residents with bed sores.	2	4.0	7.6	7.1
Residents receiving special skin care.	2	4.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT PLEASANT NH

Street Address: 10406 KINSMAN RD	**City and State:** CLEVELAND OH 44105

Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	65.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	25	86.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	15	51.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	51.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	55.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	10	34.5	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	72.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	9	31.0	37.3	39.1
Residents requiring restraints.	6	20.7	36.1	31.7
Confused or disoriented residents.	19	65.5	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	6	20.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALM CREST-BELLAIRE

Street Address: 12709 BELLAIRE RD		**City and State:** CLEVELAND OH 44135	
Participation: MEDICAID ICF	**# of Beds:** 28	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
28	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	75.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	22	78.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	19	67.9	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	67.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	67.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	21.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	14	50.0	37.3	39.1
Residents requiring restraints.	14	50.0	36.1	31.7
Confused or disoriented residents.	12	42.9	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	3	10.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PROSPECT MANOR

Street Address: 3912 E PROSPECT AVE	**City and State:** CLEVELAND OH 44115

Participation: MEDICAID ICF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	37.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	38	95.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	16	40.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	7.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	40.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	10.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	0	0.0	37.3	39.1
Residents requiring restraints.	1	2.5	36.1	31.7
Confused or disoriented residents.	23	57.5	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	7	17.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RAE ANN NURSING CENTER

Street Address: 18223 ROCKLAND AVENUE	**City and State:** CLEVELAND OH 44135

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	79.3	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	22	75.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	14	48.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	86.2	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	48.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	17.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	5	17.2	37.3	39.1
Residents requiring restraints.	1	3.4	36.1	31.7
Confused or disoriented residents.	21	72.4	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSE PARK CONVALESCENT & REHAB CTR

Street Address: 18810 HARVARD AVE		**City and State:** CLEVELAND OH 44122	
Participation: MEDICAID ICF	**# of Beds:** 209	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
194	0	189

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	54.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	154	79.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	107	55.2	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	124	63.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	111	57.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	177	91.2	33.9	29.3
Completely bedfast residents.	15	7.7	1.6	3.6
Residents confined to chairs.	80	41.2	37.3	39.1
Residents requiring restraints.	66	34.0	36.1	31.7
Confused or disoriented residents.	174	89.7	60.6	55.8
Residents with bed sores.	24	12.4	5.3	4.7
Residents receiving special skin care.	20	10.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SINGLETON HLTH CARE CTR

Street Address: 1867 E 82ND ST	**City and State:** CLEVELAND OH 44103

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	39	78.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	52.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	46.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	42.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	40.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	4	8.0	37.3	39.1
Residents requiring restraints.	19	38.0	36.1	31.7
Confused or disoriented residents.	47	94.0	60.6	55.8
Residents with bed sores.	1	2.0	5.3	4.7
Residents receiving special skin care.	22	44.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SLOVENE HOME FOR THE AGED

Street Address: 18621 NEFF ROAD	**City and State:** CLEVELAND OH 44119

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 150	**Medicare Residents:** 1	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	145	96.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	135	90.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	104	69.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	72.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	104	69.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	110	73.3	43.0	37.7
Completely bedfast residents.	4	2.7	3.4	3.4
Residents confined to chairs.	96	64.0	49.1	50.8
Residents requiring restraints.	73	48.7	43.2	41.3
Confused or disoriented residents.	110	73.3	59.0	58.4
Residents with bed sores.	12	8.0	7.6	7.1
Residents receiving special skin care.	62	41.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ALEXIS HOSPITAL

Street Address: 5163 BROADWAY		**City and State:** CLEVELAND OH 44127	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 35	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 22	**Medicaid Residents:** 4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	87.5	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	32	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	31	96.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	96.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	96.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	4	12.5	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	84.4	43.0	37.7
Completely bedfast residents.	1	3.1	3.4	3.4
Residents confined to chairs.	30	93.8	49.1	50.8
Residents requiring restraints.	31	96.9	43.2	41.3
Confused or disoriented residents.	29	90.6	59.0	58.4
Residents with bed sores.	12	37.5	7.6	7.1
Residents receiving special skin care.	12	37.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST AUGUSTINE MANOR

Street Address: 7818 DETROIT AVE		**City and State:** CLEVELAND OH 44102	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 194	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 16	**Medicaid Residents:** 2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	82.8	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	83.9	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	72.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	79.6	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	45.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	60.2	43.0	37.7
Completely bedfast residents.	9	9.7	3.4	3.4
Residents confined to chairs.	12	12.9	49.1	50.8
Residents requiring restraints.	50	53.8	43.2	41.3
Confused or disoriented residents.	9	9.7	59.0	58.4
Residents with bed sores.	42	45.2	7.6	7.1
Residents receiving special skin care.	9	9.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNY ACRES SKILLED NFU

Street Address: 4310 RICHMOND RD	**City and State:** CLEVELAND OH 44122

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 320	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 290	**Medicare Residents:** 42	**Medicaid Residents:** 180

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	273	94.1	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	287	99.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	283	97.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	284	97.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	263	90.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	10	3.4	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	228	78.6	43.0	37.7
Completely bedfast residents.	41	14.1	3.4	3.4
Residents confined to chairs.	249	85.9	49.1	50.8
Residents requiring restraints.	260	89.7	43.2	41.3
Confused or disoriented residents.	176	60.7	59.0	58.4
Residents with bed sores.	80	27.6	7.6	7.1
Residents receiving special skin care.	286	98.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNSET NURSING HOME

Street Address: 1802 CRAWFORD ROAD		**City and State:** CLEVELAND OH 44106	
Participation: MEDICAID ICF	**# of Beds:** 15	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 13	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	10	76.9	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	13	100	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	9	69.2	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	100	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	100	62.7	59.1
Residents on individually written bowel and bladder retraining program.	13	100	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	61.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	5	38.5	37.3	39.1
Residents requiring restraints.	4	30.8	36.1	31.7
Confused or disoriented residents.	10	76.9	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	13	100	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UNIVERSITY MANOR HEALTH CARE CENTER

Street Address: 2186 AMBLESIDE ROAD		**City and State:** CLEVELAND OH 44106	
Participation: MEDICAID ICF	**# of Beds:** 208	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
155	0	148

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	125	80.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	73	47.1	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	106	68.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	61.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	108	69.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	71	45.8	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	48	31.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	41	26.5	37.3	39.1
Residents requiring restraints.	50	32.3	36.1	31.7
Confused or disoriented residents.	97	62.6	60.6	55.8
Residents with bed sores.	14	9.0	5.3	4.7
Residents receiving special skin care.	75	48.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA CARE CENTER

Street Address: 4835 BROADVIEW ROAD	**City and State:** CLEVELAND OH 44109

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	47	100	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	33	70.2	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	53.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	29.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	13	27.7	37.3	39.1
Residents requiring restraints.	18	38.3	36.1	31.7
Confused or disoriented residents.	47	100	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	13	27.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MIAMI HAVEN

Street Address: 5485 STATE ROUTE 128	**City and State:** CLEVES OH 45002

Participation: MEDICAID ICF	**# of Beds:** 29	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	96.4	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	25	89.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	15	53.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	35.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	100	62.7	59.1
Residents on individually written bowel and bladder retraining program.	4	14.3	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	21.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	13	46.4	37.3	39.1
Residents requiring restraints.	10	35.7	36.1	31.7
Confused or disoriented residents.	25	89.3	60.6	55.8
Residents with bed sores.	3	10.7	5.3	4.7
Residents receiving special skin care.	7	25.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARADISE OAKS QUALITY CRE CTR

Street Address: BOX 98 MAIN STREET	**City and State:** CLOVERDALE OH 45827

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	98.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	40	80.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	35	70.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	80.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	52.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	46.0	43.0	37.7
Completely bedfast residents.	2	4.0	3.4	3.4
Residents confined to chairs.	17	34.0	49.1	50.8
Residents requiring restraints.	7	14.0	43.2	41.3
Confused or disoriented residents.	37	74.0	59.0	58.4
Residents with bed sores.	3	6.0	7.6	7.1
Residents receiving special skin care.	13	26.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUCKEYE NURSING HOME

Street Address: 234 W BUCKEYE ST	**City and State:** CLYDE OH 43410

Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	87.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	21	87.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	13	54.2	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	62.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	37.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	1	4.2	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	29.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	4	16.7	37.3	39.1
Residents requiring restraints.	6	25.0	36.1	31.7
Confused or disoriented residents.	18	75.0	60.6	55.8
Residents with bed sores.	1	4.2	5.3	4.7
Residents receiving special skin care.	1	4.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODSVIEW NURSING CENTER

Street Address: 700 HELEN STREET	**City and State:** CLYDE OH 43410

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	94.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	78	82.1	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	74	77.9	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	73.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	74.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	1	1.1	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	20.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	33	34.7	37.3	39.1
Residents requiring restraints.	53	55.8	36.1	31.7
Confused or disoriented residents.	52	54.7	60.6	55.8
Residents with bed sores.	3	3.2	5.3	4.7
Residents receiving special skin care.	28	29.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNSET NURSING HOME

Street Address: 813 1/2 MARION PIKE	**City and State:** COAL GROVE OH 45638

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	83.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	43	87.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	43	87.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	81.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	85.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	42.9	33.9	29.3
Completely bedfast residents.	3	6.1	1.6	3.6
Residents confined to chairs.	29	59.2	37.3	39.1
Residents requiring restraints.	15	30.6	36.1	31.7
Confused or disoriented residents.	40	81.6	60.6	55.8
Residents with bed sores.	1	2.0	5.3	4.7
Residents receiving special skin care.	16	32.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRIARWOOD MANOR

Street Address: 830 WEST MAIN ST	**City and State:** COLDWATER OH 45828

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	99.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	74	75.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	72	73.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	67.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	75.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	4	4.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	27.6	43.0	37.7
Completely bedfast residents.	1	1.0	3.4	3.4
Residents confined to chairs.	18	18.4	49.1	50.8
Residents requiring restraints.	19	19.4	43.2	41.3
Confused or disoriented residents.	70	71.4	59.0	58.4
Residents with bed sores.	5	5.1	7.6	7.1
Residents receiving special skin care.	12	12.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA CAMILLUS

Street Address: 10515 EAST RIVER ROAD		**City and State:** COLUMBIA STATION OH 44028	
Participation: MEDICARE SNF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
41	41	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	2.4	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	40	97.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	39	95.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	85.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	56.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	21	51.2	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	31.7	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	13	31.7	49.1	50.8
Residents requiring restraints.	19	46.3	43.2	41.3
Confused or disoriented residents.	8	19.5	59.0	58.4
Residents with bed sores.	10	24.4	7.6	7.1
Residents receiving special skin care.	18	43.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALUM CREST NURSING HOME

Street Address: 1599 ALUM CREEK DRIVE		**City and State:** COLUMBUS OH 43207	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 275	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
180	3	153

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	172	95.6	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	165	91.7	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	155	86.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	168	93.3	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	160	88.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	94	52.2	43.0	37.7
Completely bedfast residents.	8	4.4	3.4	3.4
Residents confined to chairs.	153	85.0	49.1	50.8
Residents requiring restraints.	123	68.3	43.2	41.3
Confused or disoriented residents.	146	81.1	59.0	58.4
Residents with bed sores.	21	11.7	7.6	7.1
Residents receiving special skin care.	101	56.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMBER HEALTH CARE

Street Address: 813 BRYDEN RD		**City and State:** COLUMBUS OH 43205	
Participation: MEDICAID ICF	**# of Beds:** 133	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
104	0	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	44.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	84	80.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	58	55.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	68.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	36.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	17	16.3	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	84	80.8	33.9	29.3
Completely bedfast residents.	2	1.9	1.6	3.6
Residents confined to chairs.	9	8.7	37.3	39.1
Residents requiring restraints.	21	20.2	36.1	31.7
Confused or disoriented residents.	31	29.8	60.6	55.8
Residents with bed sores.	5	4.8	5.3	4.7
Residents receiving special skin care.	22	21.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICARE-COLUMBUS NURSING & REHAB CTR

Street Address: 1700 HEINZERLING DRIVE	**City and State:** COLUMBUS OH 43223

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	71.4	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	68	88.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	58	75.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	62.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	70.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	24.7	43.0	37.7
Completely bedfast residents.	1	1.3	3.4	3.4
Residents confined to chairs.	40	51.9	49.1	50.8
Residents requiring restraints.	26	33.8	43.2	41.3
Confused or disoriented residents.	52	67.5	59.0	58.4
Residents with bed sores.	13	16.9	7.6	7.1
Residents receiving special skin care.	27	35.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation". columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BESCARE NURSING HOME INC

Street Address: 1288 BRYDEN ROAD		**City and State:** COLUMBUS OH 43205	
Participation: MEDICAID ICF	**# of Beds:** 17	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
13	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	76.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	10	76.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	6	46.2	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	61.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	23.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	2	15.4	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	23.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	0	0.0	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	8	61.5	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	1	7.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRYDEN MANOR NURSING HOME

Street Address: 1138 BRYDEN ROAD	**City and State:** COLUMBUS OH 43205

Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	70.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	33	97.1	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	17	50.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	52.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	50.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	26	76.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	9	26.5	37.3	39.1
Residents requiring restraints.	9	26.5	36.1	31.7
Confused or disoriented residents.	22	64.7	60.6	55.8
Residents with bed sores.	1	2.9	5.3	4.7
Residents receiving special skin care.	23	67.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAPITOL SOUTH CARE CENTER

Street Address: 1169 BRYDEN ROAD	**City and State:** COLUMBUS OH 43205

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 147	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 140	**Medicare Residents:** 0	**Medicaid Residents:** 122

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	52.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	97	69.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	77	55.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	59.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	55.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	16	11.4	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	39.3	43.0	37.7
Completely bedfast residents.	4	2.9	3.4	3.4
Residents confined to chairs.	59	42.1	49.1	50.8
Residents requiring restraints.	13	9.3	43.2	41.3
Confused or disoriented residents.	110	78.6	59.0	58.4
Residents with bed sores.	6	4.3	7.6	7.1
Residents receiving special skin care.	38	27.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLUMBUS QUALITY CARE

Street Address: 4301 CLIME ROAD		**City and State:** COLUMBUS OH 43228	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	80.4	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	73	75.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	57	58.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	52.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	62.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	24.7	43.0	37.7
Completely bedfast residents.	2	2.1	3.4	3.4
Residents confined to chairs.	46	47.4	49.1	50.8
Residents requiring restraints.	21	21.6	43.2	41.3
Confused or disoriented residents.	52	53.6	59.0	58.4
Residents with bed sores.	2	2.1	7.6	7.1
Residents receiving special skin care.	0	0.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAST BROAD MANOR NH

Street Address: 1243 EAST BROAD STREET		**City and State:** COLUMBUS OH 43203	
Participation: MEDICAID ICF	**# of Beds:** 29	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	73.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	17	65.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	14	53.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	42.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	57.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	15.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	2	7.7	37.3	39.1
Residents requiring restraints.	6	23.1	36.1	31.7
Confused or disoriented residents.	10	38.5	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	3	11.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EASTLAND CARE CENTER

Street Address: 2425 KIMBERLY PARKWAY EAST	**City and State:** COLUMBUS OH 43227

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 1	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	85.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	83	87.4	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	75	78.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	81.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	71.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	40.0	43.0	37.7
Completely bedfast residents.	1	1.1	3.4	3.4
Residents confined to chairs.	76	80.0	49.1	50.8
Residents requiring restraints.	58	61.1	43.2	41.3
Confused or disoriented residents.	63	66.3	59.0	58.4
Residents with bed sores.	12	12.6	7.6	7.1
Residents receiving special skin care.	59	62.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FIRST COMMUNITY VILLAGE

Street Address: 1801 RIVERSIDE DR	**City and State:** COLUMBUS OH 43212

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 175	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 170	**Medicare Residents:** 0	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	147	86.5	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	147	86.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	112	65.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	164	96.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	113	66.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	24.7	43.0	37.7
Completely bedfast residents.	1	0.6	3.4	3.4
Residents confined to chairs.	41	24.1	49.1	50.8
Residents requiring restraints.	70	41.2	43.2	41.3
Confused or disoriented residents.	110	64.7	59.0	58.4
Residents with bed sores.	3	1.8	7.6	7.1
Residents receiving special skin care.	69	40.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANKLIN WOODS HEALTH CARE CTR

Street Address: 2770 CLIME ROAD	**City and State:** COLUMBUS OH 43223

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	94	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	94	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	100	67.5	68.2
Residents on individually written bowel and bladder retraining program.	16	17.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	94	100	43.0	37.7
Completely bedfast residents.	6	6.4	3.4	3.4
Residents confined to chairs.	94	100	49.1	50.8
Residents requiring restraints.	94	100	43.2	41.3
Confused or disoriented residents.	40	42.6	59.0	58.4
Residents with bed sores.	66	70.2	7.6	7.1
Residents receiving special skin care.	94	100	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRIENDSHIP VILLAGE OF COLUMBUS

Street Address: 5800 FOREST HILLS BLVD	**City and State:** COLUMBUS OH 43229

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	80	92.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	70	80.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	82.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	64.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	35.6	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	36	41.4	49.1	50.8
Residents requiring restraints.	24	27.6	43.2	41.3
Confused or disoriented residents.	62	71.3	59.0	58.4
Residents with bed sores.	3	3.4	7.6	7.1
Residents receiving special skin care.	6	6.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF THURBER VILLAGE

Street Address: 920 THURBER DR-W		**City and State:** COLUMBUS OH 43215	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 148	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 140	**Medicare Residents:** 0	**Medicaid Residents:** 114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	72.1	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	105	75.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	103	73.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	75.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	52.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	5	3.6	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	28.6	43.0	37.7
Completely bedfast residents.	1	0.7	3.4	3.4
Residents confined to chairs.	90	64.3	49.1	50.8
Residents requiring restraints.	34	24.3	43.2	41.3
Confused or disoriented residents.	60	42.9	59.0	58.4
Residents with bed sores.	9	6.4	7.6	7.1
Residents receiving special skin care.	32	22.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE HOUSE JEWISH HME FOR AGED

Street Address: 1151 S COLLEGE AVE		**City and State:** COLUMBUS OH 43209	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 135	**Medicare Residents:** 1	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	62.2	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	110	81.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	93	68.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	54.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	67.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	19	14.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	43.0	43.0	37.7
Completely bedfast residents.	1	0.7	3.4	3.4
Residents confined to chairs.	58	43.0	49.1	50.8
Residents requiring restraints.	36	26.7	43.2	41.3
Confused or disoriented residents.	88	65.2	59.0	58.4
Residents with bed sores.	11	8.1	7.6	7.1
Residents receiving special skin care.	56	41.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ISABELLE RIDGEWAY NURSING HOME

Street Address: 1520 HAWTHORNE AVE	**City and State:** COLUMBUS OH 43203

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	58.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	74	80.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	59	64.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	77.2	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	73.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	7	7.6	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	46	50.0	33.9	29.3
Completely bedfast residents.	5	5.4	1.6	3.6
Residents confined to chairs.	70	76.1	37.3	39.1
Residents requiring restraints.	55	59.8	36.1	31.7
Confused or disoriented residents.	70	76.1	60.6	55.8
Residents with bed sores.	14	15.2	5.3	4.7
Residents receiving special skin care.	7	7.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHERAN SENIOR CITY INC

Street Address: 935 CASSADY AVE		**City and State:** COLUMBUS OH 43219	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 161	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
131	1	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	124	94.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	85.5	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	96	73.3	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	79.4	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	64.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	25	19.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	33.6	43.0	37.7
Completely bedfast residents.	3	2.3	3.4	3.4
Residents confined to chairs.	84	64.1	49.1	50.8
Residents requiring restraints.	44	33.6	43.2	41.3
Confused or disoriented residents.	95	72.5	59.0	58.4
Residents with bed sores.	7	5.3	7.6	7.1
Residents receiving special skin care.	18	13.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARGARET CLARK OAKFIELD

Street Address: 500 N NELSON RD		**City and State:** COLUMBUS OH 43219	
Participation: MEDICAID ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
142	0	139

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	66.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	107	75.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	95	66.9	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	73.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	57.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	44	31.0	33.9	29.3
Completely bedfast residents.	11	7.7	1.6	3.6
Residents confined to chairs.	60	42.3	37.3	39.1
Residents requiring restraints.	28	19.7	36.1	31.7
Confused or disoriented residents.	90	63.4	60.6	55.8
Residents with bed sores.	17	12.0	5.3	4.7
Residents receiving special skin care.	17	12.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that it's written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAYFAIR VILLAGE NURSING CARE CENTER

Street Address: 3000 BETHEL RD	**City and State:** COLUMBUS OH 43220

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 1	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	100	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	98.9	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	81.3	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	75.8	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	58.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	39.6	43.0	37.7
Completely bedfast residents.	4	4.4	3.4	3.4
Residents confined to chairs.	52	57.1	49.1	50.8
Residents requiring restraints.	22	24.2	43.2	41.3
Confused or disoriented residents.	66	72.5	59.0	58.4
Residents with bed sores.	2	2.2	7.6	7.1
Residents receiving special skin care.	0	0.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MINERVA PARK PLACE

Street Address: 5460 CLEVELAND AVE		**City and State:** COLUMBUS OH 43229	
Participation: MEDICAID ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
92	0	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	92.4	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	64	69.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	58	63.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	57.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	58.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	36	39.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	41	44.6	37.3	39.1
Residents requiring restraints.	23	25.0	36.1	31.7
Confused or disoriented residents.	57	62.0	60.6	55.8
Residents with bed sores.	7	7.6	5.3	4.7
Residents receiving special skin care.	14	15.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHLAND TERRACE

Street Address: 5700 KARL RD	**City and State:** COLUMBUS OH 43229

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 260	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 8	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	94.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	94	94.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	92	92.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	93.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	83.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	73	73.0	43.0	37.7
Completely bedfast residents.	9	9.0	3.4	3.4
Residents confined to chairs.	81	81.0	49.1	50.8
Residents requiring restraints.	51	51.0	43.2	41.3
Confused or disoriented residents.	64	64.0	59.0	58.4
Residents with bed sores.	24	24.0	7.6	7.1
Residents receiving special skin care.	58	58.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKWOOD NSG HM

Street Address: 32 PARKWOOD AVE		**City and State:** COLUMBUS OH 43203	
Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
23	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	73.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	16	69.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	15	65.2	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	34.8	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	52.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	17.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	5	21.7	37.3	39.1
Residents requiring restraints.	4	17.4	36.1	31.7
Confused or disoriented residents.	10	43.5	60.6	55.8
Residents with bed sores.	2	8.7	5.3	4.7
Residents receiving special skin care.	6	26.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PATTERSON NSG HM INC

Street Address: 71 WOODLAND AVE	**City and State:** COLUMBUS OH 43203

Participation: MEDICAID ICF	**# of Beds:** 43	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	55.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	24	55.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	46.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	39.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	48.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	8	18.6	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	27.9	33.9	29.3
Completely bedfast residents.	2	4.7	1.6	3.6
Residents confined to chairs.	17	39.5	37.3	39.1
Residents requiring restraints.	9	20.9	36.1	31.7
Confused or disoriented residents.	17	39.5	60.6	55.8
Residents with bed sores.	1	2.3	5.3	4.7
Residents receiving special skin care.	5	11.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERSIDE METHODIST HOSPITAL SNF

Street Address: 3535 OLENTANGY RIVER RD	**City and State:** COLUMBUS OH 43214

Participation: MEDICARE SNF	**# of Beds:** 48	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 29	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	93.1	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	29	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	29	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	96.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	72.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	3.4	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	55.2	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	16	55.2	49.1	50.8
Residents requiring restraints.	5	17.2	43.2	41.3
Confused or disoriented residents.	12	41.4	59.0	58.4
Residents with bed sores.	4	13.8	7.6	7.1
Residents receiving special skin care.	17	58.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSEGATE CARE CENTER

Street Address: 1850 CROWN PARK COURT	**City and State:** COLUMBUS OH 43220

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 1	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	92.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	68	71.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	57	60.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	49.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	61.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	21	22.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	26.3	43.0	37.7
Completely bedfast residents.	1	1.1	3.4	3.4
Residents confined to chairs.	49	51.6	49.1	50.8
Residents requiring restraints.	20	21.1	43.2	41.3
Confused or disoriented residents.	71	74.7	59.0	58.4
Residents with bed sores.	8	8.4	7.6	7.1
Residents receiving special skin care.	11	11.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST LUKE CONVALESCENT CENTER

Street Address: 44 S SOUDER AVE		**City and State:** COLUMBUS OH 43222	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	40.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	103	89.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	82	71.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	89.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	57.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	10	8.7	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	34	29.6	33.9	29.3
Completely bedfast residents.	1	0.9	1.6	3.6
Residents confined to chairs.	77	67.0	37.3	39.1
Residents requiring restraints.	35	30.4	36.1	31.7
Confused or disoriented residents.	26	22.6	60.6	55.8
Residents with bed sores.	5	4.3	5.3	4.7
Residents receiving special skin care.	12	10.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST RAPHAELS HOME FOR THE AGED

Street Address: 1550 ROXBURY ROAD	**City and State:** COLUMBUS OH 43212

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 78	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	82.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	59	78.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	56	74.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	60.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	74.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	3	4.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	45.3	43.0	37.7
Completely bedfast residents.	1	1.3	3.4	3.4
Residents confined to chairs.	18	24.0	49.1	50.8
Residents requiring restraints.	21	28.0	43.2	41.3
Confused or disoriented residents.	50	66.7	59.0	58.4
Residents with bed sores.	10	13.3	7.6	7.1
Residents receiving special skin care.	11	14.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST RITAS HOME FOR THE AGED

Street Address: 880 GREENLAWN AVE		**City and State:** COLUMBUS OH 43223	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	2	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	96.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	88	91.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	76	79.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	87.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	66.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	65	67.7	43.0	37.7
Completely bedfast residents.	1	1.0	3.4	3.4
Residents confined to chairs.	40	41.7	49.1	50.8
Residents requiring restraints.	52	54.2	43.2	41.3
Confused or disoriented residents.	62	64.6	59.0	58.4
Residents with bed sores.	7	7.3	7.6	7.1
Residents receiving special skin care.	14	14.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE SAINT LUKE EAST LTD

Street Address: 5500 EAST BROAD STREET		**City and State:** COLUMBUS OH 43213	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	88.4	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	83	87.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	68	71.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	71.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	58.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	29	30.5	33.9	29.3
Completely bedfast residents.	1	1.1	1.6	3.6
Residents confined to chairs.	30	31.6	37.3	39.1
Residents requiring restraints.	49	51.6	36.1	31.7
Confused or disoriented residents.	49	51.6	60.6	55.8
Residents with bed sores.	6	6.3	5.3	4.7
Residents receiving special skin care.	20	21.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WECARE HEALTH FACILITY

Street Address: 740 CANONBY PLACE		**City and State:** COLUMBUS OH 43223	
Participation: MEDICAID ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	0	90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	80.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	82	86.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	63	66.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	69.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	53.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	28	29.5	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	67	70.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	32	33.7	37.3	39.1
Residents requiring restraints.	29	30.5	36.1	31.7
Confused or disoriented residents.	60	63.2	60.6	55.8
Residents with bed sores.	6	6.3	5.3	4.7
Residents receiving special skin care.	17	17.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESLEY GLEN

Street Address: 5155 N HIGH ST	**City and State:** COLUMBUS OH 43214

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 83	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 0	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	76.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	62	81.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	42	55.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	68.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	52.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	23.7	43.0	37.7
Completely bedfast residents.	4	5.3	3.4	3.4
Residents confined to chairs.	15	19.7	49.1	50.8
Residents requiring restraints.	31	40.8	43.2	41.3
Confused or disoriented residents.	48	63.2	59.0	58.4
Residents with bed sores.	1	1.3	7.6	7.1
Residents receiving special skin care.	6	7.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTMINSTER THURBER COMMUNITY

Street Address: 717 NEIL AVENUE	**City and State:** COLUMBUS OH 43215

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 92	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	50.0	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	25	50.0	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	10	20.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	72.0	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	96.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	4	8.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	48.0	43.0	37.7
Completely bedfast residents.	1	2.0	3.4	3.4
Residents confined to chairs.	50	100	49.1	50.8
Residents requiring restraints.	34	68.0	43.2	41.3
Confused or disoriented residents.	50	100	59.0	58.4
Residents with bed sores.	3	6.0	7.6	7.1
Residents receiving special skin care.	38	76.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WHETSTONE CONV CTR

Street Address: 3700 OLENTANGY RIVER RD		**City and State:** COLUMBUS OH 43214	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 200	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
193	1	104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	172	89.1	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	172	89.1	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	166	86.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	170	88.1	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	153	79.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	4	2.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	92	47.7	43.0	37.7
Completely bedfast residents.	3	1.6	3.4	3.4
Residents confined to chairs.	111	57.5	49.1	50.8
Residents requiring restraints.	86	44.6	43.2	41.3
Confused or disoriented residents.	145	75.1	59.0	58.4
Residents with bed sores.	2	1.0	7.6	7.1
Residents receiving special skin care.	75	38.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODLAND MANOR NURSING HOME

Street Address: 81 WOODLAND AVE		**City and State:** COLUMBUS OH 43203	
Participation: MEDICAID ICF	**# of Beds:** 29	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
28	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	28.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	17	60.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	12	42.9	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	53.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	42.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	17.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	2	7.1	37.3	39.1
Residents requiring restraints.	3	10.7	36.1	31.7
Confused or disoriented residents.	12	42.9	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	6	21.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
YORKSHIRE HEALTH CARE CENTER

Street Address: 1425 YORKLAND ROAD	**City and State:** COLUMBUS OH 43232

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 200	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 190	**Medicare Residents:** 1	**Medicaid Residents:** 150

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	143	75.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	181	95.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	139	73.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	190	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	126	66.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	69	36.3	43.0	37.7
Completely bedfast residents.	1	0.5	3.4	3.4
Residents confined to chairs.	111	58.4	49.1	50.8
Residents requiring restraints.	106	55.8	43.2	41.3
Confused or disoriented residents.	107	56.3	59.0	58.4
Residents with bed sores.	15	7.9	7.6	7.1
Residents receiving special skin care.	36	18.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INN CONNEAUT HEALTH CENTER

Street Address: 22 PARRISH BLVD	**City and State:** CONNEAUT OH 44030

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	67.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	83	84.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	77	78.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	82.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	51.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	30.6	43.0	37.7
Completely bedfast residents.	7	7.1	3.4	3.4
Residents confined to chairs.	59	60.2	49.1	50.8
Residents requiring restraints.	40	40.8	43.2	41.3
Confused or disoriented residents.	43	43.9	59.0	58.4
Residents with bed sores.	18	18.4	7.6	7.1
Residents receiving special skin care.	51	52.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONVOY CARE CENTER

Street Address: 127 MENTZER DRIVE	**City and State:** CONVOY OH 45832

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	83.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	40	85.1	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	36	76.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	74.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	63.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	36.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	6	12.8	37.3	39.1
Residents requiring restraints.	7	14.9	36.1	31.7
Confused or disoriented residents.	23	48.9	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	2	4.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARCADIA NURSING CENTER

Street Address: BOX A MAIN STREET	**City and State:** COOLVILLE OH 45723

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 1	**Medicaid Residents:** 55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	94.5	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	61	83.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	52	71.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	53.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	76.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	65.8	43.0	37.7
Completely bedfast residents.	1	1.4	3.4	3.4
Residents confined to chairs.	48	65.8	49.1	50.8
Residents requiring restraints.	41	56.2	43.2	41.3
Confused or disoriented residents.	62	84.9	59.0	58.4
Residents with bed sores.	20	27.4	7.6	7.1
Residents receiving special skin care.	36	49.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FABER NURSING HOME

Street Address: 4250 SODOM HUTCHINGS ROAD NE	**City and State:** CORTLAND OH 44410

Participation: MEDICAID ICF	**# of Beds:** 38	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	81.6	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	29	76.3	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	76.3	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	60.5	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	42.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	5	13.2	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	34.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	9	23.7	37.3	39.1
Residents requiring restraints.	20	52.6	36.1	31.7
Confused or disoriented residents.	23	60.5	60.6	55.8
Residents with bed sores.	1	2.6	5.3	4.7
Residents receiving special skin care.	18	47.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COSHOCTON COUNTY HOME

Street Address: ROUTE NO 4 P O BOX 53	**City and State:** COSHOCTON OH 43812

Participation: MEDICAID ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	78.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	47	66.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	31	43.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	46.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	38.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	14.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	19	26.8	37.3	39.1
Residents requiring restraints.	14	19.7	36.1	31.7
Confused or disoriented residents.	32	45.1	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	17	23.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COSHOCTON CTY MEMORIAL ECF

Street Address: 1460 ORANGE STREET	**City and State:** COSHOCTON OH 43812

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 61	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	79.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	54	91.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	49	83.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	72.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	50.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	32.2	43.0	37.7
Completely bedfast residents.	3	5.1	3.4	3.4
Residents confined to chairs.	33	55.9	49.1	50.8
Residents requiring restraints.	11	18.6	43.2	41.3
Confused or disoriented residents.	26	44.1	59.0	58.4
Residents with bed sores.	7	11.9	7.6	7.1
Residents receiving special skin care.	2	3.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COSHOCTON HEALTH CARE CTR

Street Address: 100 S WHITEWOMAN ST		**City and State:** COSHOCTON OH 43812	
Participation: MEDICAID ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
105	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	72.4	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	76	72.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	64	61.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	61.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	61.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	23.8	33.9	29.3
Completely bedfast residents.	2	1.9	1.6	3.6
Residents confined to chairs.	59	56.2	37.3	39.1
Residents requiring restraints.	25	23.8	36.1	31.7
Confused or disoriented residents.	57	54.3	60.6	55.8
Residents with bed sores.	2	1.9	5.3	4.7
Residents receiving special skin care.	12	11.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JACOBS DWELLING NURSING HOME

Street Address: 25645 TR 36 ROUTE 3		**City and State:** COSHOCTON OH 43812	
Participation: MEDICAID ICF	**# of Beds:** 24	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
21	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	9	42.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	10	47.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	10	47.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	47.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	47.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	5	23.8	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	47.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	3	14.3	37.3	39.1
Residents requiring restraints.	8	38.1	36.1	31.7
Confused or disoriented residents.	9	42.9	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY CARE CENTER

Street Address: 75 MOTE DR BOX 66	**City and State:** COVINGTON OH 45318

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 2	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	93.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	78	83.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	78	83.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	73.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	90.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	75	79.8	43.0	37.7
Completely bedfast residents.	8	8.5	3.4	3.4
Residents confined to chairs.	46	48.9	49.1	50.8
Residents requiring restraints.	50	53.2	43.2	41.3
Confused or disoriented residents.	84	89.4	59.0	58.4
Residents with bed sores.	16	17.0	7.6	7.1
Residents receiving special skin care.	36	38.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNY ACRES

Street Address: 8615 WEST US RT 36	**City and State:** COVINGTON OH 45318

Participation: MEDICAID ICF	**# of Beds:** 15	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 10	**Medicare Residents:** 0	**Medicaid Residents:** 6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	10	100	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	6	60.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	60.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	60.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	70.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	2	20.0	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	10	100	60.6	55.8
Residents with bed sores.	1	10.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRIDERSVILLE NURSING HOME

Street Address: 603 EAST MAIN STREET		**City and State:** CRIDERSVILLE OH 45806	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	69.6	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	32	69.6	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	65.2	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	67.4	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	52.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	23.9	33.9	29.3
Completely bedfast residents.	5	10.9	1.6	3.6
Residents confined to chairs.	19	41.3	37.3	39.1
Residents requiring restraints.	14	30.4	36.1	31.7
Confused or disoriented residents.	26	56.5	60.6	55.8
Residents with bed sores.	2	4.3	5.3	4.7
Residents receiving special skin care.	13	28.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KETCHAMS NH

Street Address: RT2 14063 RT 37E	**City and State:** CROOKSVILLE OH 43731

Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	89.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	26	89.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	18	62.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	62.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	62.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	2	6.9	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	27.6	33.9	29.3
Completely bedfast residents.	4	13.8	1.6	3.6
Residents confined to chairs.	11	37.9	37.3	39.1
Residents requiring restraints.	4	13.8	36.1	31.7
Confused or disoriented residents.	14	48.3	60.6	55.8
Residents with bed sores.	1	3.4	5.3	4.7
Residents receiving special skin care.	4	13.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CUYAHOGA FALLS COUNTRY PLACE

Street Address: 2728 BAILEY ROAD		**City and State:** CUYAHOGA FALLS OH 44221	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 107	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
25	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	96.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	24	96.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	24	96.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	92.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	44.0	43.0	37.7
Completely bedfast residents.	2	8.0	3.4	3.4
Residents confined to chairs.	13	52.0	49.1	50.8
Residents requiring restraints.	6	24.0	43.2	41.3
Confused or disoriented residents.	9	36.0	59.0	58.4
Residents with bed sores.	3	12.0	7.6	7.1
Residents receiving special skin care.	9	36.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHADY LAWN NURSING HOME

Street Address: 15028 LINCOLN WAY R.D. #1	**City and State:** DALTON OH 44618

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 143	**Medicare Residents:** 1	**Medicaid Residents:** 103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	131	91.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	126	88.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	104	72.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	65.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	55.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	42	29.4	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	39.9	43.0	37.7
Completely bedfast residents.	1	0.7	3.4	3.4
Residents confined to chairs.	53	37.1	49.1	50.8
Residents requiring restraints.	66	46.2	43.2	41.3
Confused or disoriented residents.	84	58.7	59.0	58.4
Residents with bed sores.	12	8.4	7.6	7.1
Residents receiving special skin care.	31	21.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORNING VIEW CARE CTR

Street Address: 25326 SNIVELY RD	**City and State:** DANVILLE OH 43014

Participation: MEDICAID ICF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	94.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	31	79.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	24	61.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	48.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	69.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	25.6	33.9	29.3
Completely bedfast residents.	2	5.1	1.6	3.6
Residents confined to chairs.	15	38.5	37.3	39.1
Residents requiring restraints.	12	30.8	36.1	31.7
Confused or disoriented residents.	22	56.4	60.6	55.8
Residents with bed sores.	1	2.6	5.3	4.7
Residents receiving special skin care.	1	2.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1988— 222-850/0

DATE DUE

HIGHSMITH 45-220

REF.
HD 7102 .U5N76 1987/88
Ohio I

Medicare/Medicaid nursing home information.

DATE	ISSUED TO

REF.
HD 7102 .U5N76 1987/88
Ohio I

Medicare/Medicaid nursing home information.

CMS LIBRARY
3 8095 00015910 9